Davenport's Wisconsin Wills And Estate Planning Legal Forms

written by attorneys
Alex Russell and Robert Maxwell

BOOK AND FORMS FREE AT
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CHAPTER 1
BOOK BASICS AND LIST OF FORMS

ESTATE PLANNING CONTROLS THINGS IF LATER ABSENT, SICK, OR DEAD

From Davenport Publishing and written by attorneys this book is on "Estate Planning", about doing legal documents to control health care, property, money, children, funeral, and more if later absent, sick, or dead. People have a legal right to control their health care, property, money, and family issues, and so judges, doctors, and others mostly just ask: **"Based on what a person wrote what did they likely want done?"**

ESTATE PLANNING MOSTLY IS DOING SIMPLE THINGS IN 3 AREAS

Estate Planning is mostly doing simple things in 3 areas: After Death, Health Care, and Giving Power. There are 11 ready to use legal forms for Wisconsin in this book. Many people use just 1 to 3 legal forms.

AFTER DEATH FORMS

Form 1. Will (Standard) – a Will (also called a "Last Will And Testament") lets person control things after their death like who gets their money and property, who is Executor, and allowing helpful legal options later.

Form 2. Will (Guardian) – Will with part added to name someone as Guardian to care for a minor child under 18 if later needed (like if later no parent is available) and also manage a child's money and property.

Form 3. Wisconsin Basic Will (Statutory Will) – the state legislature put this Will into statute law for people to find and use if wanted, and it is a bit inflexible but is fairly reliable and easy to use.

Form 4. Self-Proving Affidavit – form sometimes done with a Will to later prove it was properly signed.

Form 5. Tangible Personal Property List – lets person easily outside Will write some more gifts to occur after death of tangible personal property like furniture, jewelry, vehicles, art, electronics, tools, and clothes.

HEALTH CARE FORMS

Form 6. Power Of Attorney For Health Care – this popular form lets a person be named as Health Care Agent to if needed control health care and also lets health care instructions be written.

Form 7. Declaration To Health Care Professionals (Living Will) – lets a person do serious act of saying stop most health care if later they are incapacitated and doctors think the health situation is very bad.

Form 8. Do Not Resuscitate Order – does serious act of saying from now on don't try resuscitation to help breathing or heart like C.P.R. (cardio-pulmonary resuscitation), and form is short so can be read quickly.

GIVING POWER FORMS

Form 9. Statutory Power Of Attorney For Finances And Property – lets power over money, property, and more be given to a trusted person so they can do things like use accounts, get records, and sell things.

Form 10. Power Of Attorney Delegating Parental Power – lets parent of a child under age 18 give someone power so they can make decisions about child's health care, school, home, and more if needed.

Form 11. Authorization For Final Disposition – lets a person to later control their dead body give someone power over burial, cremation, and related things and also write some instructions.

WISCONSIN ESTATE PLANNING LAW APPLIES TO MOST PEOPLE HERE

This book is for Wisconsin only. Estate Planning law and legal documents are a bit different in each state. Whether local Estate Planning law applies is based on primary residence of a person (often called "domicile"). Many judges say residence occurs if a person lives in a place and for a moment has no clear plans to leave. Later plans to move don't matter till people actually move. People can stay under a state's Estate Planning laws even if they leave a state if living elsewhere is temporary and people always have firm plans to return. For example some people who leave for months or more for travel, for school, for special work projects, and the military may qualify to keep ties to their old state. Immigrants of any kind can do normal Estate Planning. For health care people often do legal documents to match the state that a hospital or other health facility is in.

BOOK IS SHORT, HAS FORMS TO QUICKLY SEE, AND USES EMPHASIS

This book is short and may read rough but can be read fast. Long books often lead to misunderstanding of the basics and skimming. This book has legal forms people can quickly see. For emphasis some paragraph titles, underlining, and boxes are used. This book capitalizes some legal words like Will, Testator, and Agent but this is optional. To save space some small words are skipped and end quote marks put before punctuation.

THIS BOOK COVERS MAJOR LEGAL IDEAS AND SHOULD SUIT MOST PEOPLE

This book covers the big U.S. legal ideas on Estate Planning and major ways Wisconsin law is different. This book and its forms can't cover every issue that matters to everyone but should suit people without any strange situations or wishes about Estate Planning, which is likely most adults (maybe well over 80%). Strange situations or wishes that may need more research or a lawyer include: a) unusual wishes for gifts, b) wealth over $5 million, c) big medical concerns including extreme age, d) property or money going to a person with disability or special needs, and e) wish to move or hide assets to qualify for government help.

LEGAL FORMS CAN HELP AND THIS BOOK PROVIDES "STANDARD FORMS"

Studies on Estate Planning show a surprising 60% of adults have not done anything, 19% used a lawyer for this, and 21% used legal forms. Legal forms are good at most things involved in Estate Planning and can make binding legal documents that judges, doctors, families, banks, and others legally must follow. Also, often a hospital, state agency, charity, or state legislature has made a form most people use and call the "standard form", and doctors, judges, and others may not like to follow different forms. This book does use a standard form in an area if it exists or provides a suitable form. Lawyers often write their own forms.

ESTATE PLANNING OFTEN IS NOT VITAL AND WORTH SPENDING MUCH ON

Despite what many people think Estate Planning often does not greatly change the costs, taxes, delays, and work involved in these areas, so it often is not vital and worth spending much money and energy doing. The benefits seem low for some since only about 4% of people die before age 50 often from a long illness, and only about 0.13% of children under 18 had both parents die to need big legal help. *See Social Security Tables: Felicitie Bell*; *Parent Mortality Census SIPP Paper #288.* Instead of legal forms lawyers can be used for Estate Planning but they can cost $1000s, take months of work, and make mistakes. In life people often weigh costs, benefits, and risks and choose a cheaper option. Life insurance from an affordable company may be a better use of money, and many people pay for $100,000 term life without exam ("simplified issue").

CHAPTER 2
TERMS, PROPERTY LAW, AND HELPFUL INFORMATION FORM

THERE ARE BASIC TERMS AND IDEAS IN ESTATE PLANNING

Some terms and ideas are basic to Estate Planning.

● "Estate Planning" is people doing legal documents to control things if later absent, sick, or dead. After a document is signed people are usually still free to sell or transfer property, instruct doctors, or change forms. If people choose to sign a legal document in a language they don't know it is usually still valid.

● A "Will" or "will" (this book uses upper case "W") is a legal document done to control issues after death. The phrase "Last Will And Testament" is used since a "Testament" long ago was a small document done along with a Will to do some things. If a person has no valid Will they are described as being "intestate".

● A person who died is called the "decedent" or "deceased". A person getting money or property can be called a "recipient", "beneficiary", or if related to the old owner they are called an "heir" (they "inherit"). The term "survive" or "surviving" means a person is alive after another particular person has died.

● Someone picked by a person to do things after their death is called by most people and this book as an "Executor", though Wisconsin in official papers now mostly uses the term "Personal Representative" for this.

● A person doing a Will is called "Testator" or "Will maker". Before about 1990 a woman Testator was called a "Testatrix" and woman Executor called an "Executrix" but this is no longer often done.

● "Probate" is a legal process to do things after death like transfer property, authorize a Guardian, and handle creditors. Due to recent changes in law probate is now often "informal" and less costly than in earlier times.

● The "estate" is <u>both</u> a) all property and money of a person that at their death did not automatically transfer to other owners, and b) the entity run by an Executor several months to hold items and do things (sort of like a small corporation). For example accounts may be renamed, like: "Estate of John Smith (deceased)".

● Property is: 1) "real property" (land and buildings), 2) "fixtures" (things tied to real property like fences and wired-in appliances), or 3) "personal property" (<u>everything else</u> like clothes, cars, cash, and accounts).

● Legal documents to control health care things are often called "Advanced Directives", but names vary.

● A person under 18 is called a "minor" and a parent or "Guardian" mostly acts for them. A person not reasonably able to wisely decide things lacks "capacity" and is "incapacitated".

● Documents giving power to someone are often called "Power of Attorney" forms, where the person doing the form called the "Principal" gives power to someone called the "Attorney-in-Fact" or "Agent".

● State law is the "Wisconsin Statutes" which is divided in "Chapters" and which has individual laws called a "statute" or "section" often shown by "s" or "§". One example on how to cite a law is: "Wis. Stat. § 853.01". A legal form that is found in state law for people to find and use if wanted is called a "statutory form".

LEGAL DOCUMENTS MAY NEED TO BE "WITNESSED" OR "NOTARIZED"

A person "doing a legal document" or "doing a form" means filling out and properly signing a document. Some documents to be valid need to be "witnessed" which means someone sees the person doing the form sign and then signs too. Some documents need to be "notarized" which mean a person who is a "notary" ("notary public") sees it signed and then uses an ink stamp and signs too. Notaries with time to help can be found by phoning ahead, and some are at libraries, courts, banks, insurance agents, and mail or copy stores.

ANYONE CAN FILL IN MOST OF A FORM, AND LATER TRY TO KEEP ORIGINAL

When filling out a form except for certain special forms and except for signatures other parts can be filled in by a person not doing the form for themselves. After a legal form is completed and signed usually people try to keep the original and hand out copies but situations vary. Some people do "multiple originals" by having everyone sign identical documents to have many pages with real ink signatures but this can be confusing.

PROBABLY DO NEW FORMS IF DIVORCE, MARRY, HAVE CHILD, OR MOVE

It is recommended people re-do legal documents if they divorce, marry, or a child is born or adopted. To help most states say a Will from another state is still valid after a move but this is not always certain.

"INTESTATE" LAW SAYS WHERE THINGS GO AT DEATH IF THERE IS NO WILL

Wisconsin "intestate law" at Wis. Stat. § 851.01 says where a dead person's property and money left goes if there is no valid Will. Some people like what intestate law says and intentionally skip doing a Will. Basically, intestate law gives things to closest family based on what surviving (living) family a decedent left. In some cases a person's grandchild stands in place of their dead parent. Wisconsin intestate law says:

- if spouse survives but no children survive except children related to the surviving spouse, spouse gets all,
- if spouse survives and some children not related to that spouse survive, the spouse gets 1/2 of decedent's separate property and also keeps the spouse's 1/2 of community property, and those children get the rest (see this book's discussion about marriage which explains "separate property" and "community property"),
- if children survive but no spouse survives, children get all,
- if some parents of decedent survive but no spouse or children survive, then parents get all,
- if some brothers / sisters survive but no spouse, children, or parents, then brothers / sisters get all,
- if there is no surviving spouse, children, parents, and brothers / sisters, then more distant living family get things and if no such family exist it goes to the State of Wisconsin (it "escheats", which is very rare).

PEOPLE SHOULD DETERMINE WHAT THEY OWN SO CAN GIFT OR TRANSFER

People can only gift or transfer by Will and other ways things they own, so people should research what they own. By law a person usually owns all they earn as wages and salary, their share of income and profit tied to property they own, and owns or partly owns most things their money or property buys or improves. For items with "title" documents (real estate or vehicles) or where there is a "listed owner" (like accounts and various investments) the named persons are usually the owners unless evidence shows special facts. As this book says later married people often share 50/50 ownership of most things in Community Property

law states like Wisconsin. A person during life can sell property, make gifts, or transfer items even if items are named in a Will, so people should consider if they already sold or gave away property they name in a Will gift.

THINGS OWNED IN SPECIAL WAYS MAY LIMIT GIFTING

A person should consider if they own real estate or other property in special ways which may limit gifting by Will and other ways. Laws in states vary but some special ways of ownership or property are:

a) "joint tenant with right of survivorship" or similar set up by paperwork, so at a death property transfers automatically to other named owners regardless of a Will, which often is how the family house is held,
b) papers say a "life estate" exists, so then if life of someone ends the other people in papers get item, and
c) "Trust property" occurs if paperwork made a Trust entity and property was transferred into it, so then at or after a death the Trust papers tell a Trustee where to transfer such property.

Normal jointly owned property <u>can</u> be gifted by Will, like "I give my half of boat to Kenneth Gregory Smith". Joint ownership can come from agreement, buying with funds from many, or if a gift was to many people.

WARNING: "NON-PROBATE PROPERTY" TRANSFERS IGNORE ANY WILL

Money or property that for some reason automatically transfers on death or soon after to new owners is called "non-probate property". Examples are: a) if a "designated beneficiary" form was done to name persons to at a death get account or investment, b) transfer-on-death accounts, and c) real property like a house held by 2 people as "joint tenants with survivorship" or similar so at a death the survivor gets things. Insurance with a beneficiary also usually ignores a Will. Trying to do non-probate transfers for all things is called "avoiding probate", but it is rare as it may make living and paperwork a hassle for years, benefits are small, and it is hard to not miss an item and fail. <u>People should consider non-probate transfers that will occur automatically on death and consider what property and money will be left to transfer by Will</u>.

SOME LESS COMMON AND LESS USEFUL FORMS ARE NOT IN THIS BOOK

This book skips some less common or less useful documents.

● A "Codicil" can modify a Will but it is easier and legally safer to just re-do a Will.

● Some people do a "Revocable Living Trust" so a Trust entity with Trustee holds property or money during their life however long, usually done to after death avoid small delay, costs, or work (by "avoiding probate"). This is rare as it requires immediately moving most of a person's things into a Trust causing maybe years of hassles, mostly for small benefits for people who are probably happy to later do work to get things by Will.

● "Childrens Trust" papers can be done like in a Will so a Trust at a death gets money or property for a minor child to manage until 18, but this is uncommon due to possible cost and hassles, since it rarely matters (as this book explains), and since most Wills already arrange other legal help for young children.

● Some people do a "Pet Trust" to help a pet, but it's easier to just give money in Will to person given a pet.

● Though separate forms exist most people handle Organ Donation in drivers license or state ID forms.

"HELPFUL INFORMATION" FORM CAN TELL FAMILY AND FRIENDS THINGS

Often people do a "Helpful Information" form that some financial planners, lawyers, and banks suggest so family and friends after a death know things. Often people staple records or lists to this. See next pages.

ESTATE PLANNING HELPFUL INFORMATION

For more space attach copies of form or blank pages. Keep pages by Will or other place for Executor or family.

1. Personal Information (Name, Birthdate, Social Security #, special family details, other)**:**

2. Real estate, vehicles, and other major tangible property (especially if people may not find them):

3. Non-tangible assets like stocks, accounts, investments, loans owed you, and business interests:

4. Possible income or insurance like pensions, retirement, disability, insurance, or contracts:

5. Debts owed by you like credit card, loan, student loan, mortgage, vehicle loan, and accounts payable**:**

6. Names and information of professionals used (attorneys, accountants, brokers, doctors, others):

7. Computer passwords and helpful files, document places, and safes or safe-deposit boxes codes/keys:

8. Other helpful things, wishes for funeral, special requests, and any last messages to family and friends:

CHAPTER 3
WILL BASICS

WILL LETS "TESTATOR" CONTROL SOME THINGS AFTER DEATH

A Will is done by a person to control some things after death. A person doing a Will is called "Testator" or "Will maker". Usually a Testator when signing must be at least 18 years old, of sound mind (rational with sufficient memory), and not be under duress (unfair pressure or threat). Most people can do a Will. Saying or even writing about things to occur at or after death often is ineffective if not written in a Will. If people choose to sign a legal document like a Will in a language they don't know it is usually still valid.

USUALLY SIGN WILL IN FRONT OF 2 WITNESSES WHO THEN SIGN

USUALLY A WILL TO BE VALID MUST BE WRITTEN AND HAVE 2 WITNESSES

Usually to be a valid Wisconsin Will a document must a) show it is meant as a Will, b) be written, and c) be signed in front of 2 witnesses. Usually a Will must be on paper so a "Video Will" or "Audio Will" has no legal effect. Unlike some states Wisconsin does let people skip using witnesses if a Will is handwritten. Wisconsin currently does not allow "electronic signing" or "remote signing" using computers, the internet, and video conferencing, though this may change in the future especially if another pandemic occurs.

WITNESSES SHOULD BE AT LEAST 18 AND NOT GETTING WILL GIFTS

A person to act as witness must be at least age 18. It is not required but preferable a witness not be old or live far away. In Wisconsin law if a witness or their spouse are getting Will gifts then such Will gifts are usually void and canceled except up the amount they'd get under intestate law if there were no Will. To avoid the problem many people use witnesses who aren't themselves or a spouse named in a Will gift. Most people also try to not use as a witness a person named in a Will as Executor, Guardian, or similar. Often used as witnesses are neighbors, friends, workers at a business, strangers, or more distant family.

TESTATOR AND 2 WITNESSES SIGN A WILL WHEN TOGETHER IN 1 ROOM

The person doing a Will (the "Testator") must sign with 2 witnesses who must by law also sign the Will in a "reasonable time" (like 10 minutes). Everyone should be in 1 room and see each person as they sign. Witnesses and Testator showing an ID is not required but common. Testator need not initial the Will pages. A Testator or witness should use their full legal name unless they dislike it and rarely use it. The witnesses usually only read the 1 paragraph they sign. People who can't move a hand to sign should consult a lawyer. A witness need not be told it is a Will, but if this is done it is called "publishing a Will". Though not required often a Testator says a thing like, "My name is _____ and this is the Will I want and do voluntarily and want you 2 people to witness". Some Testators chat with witnesses a few minutes to help show they are rational.

KEEP SIGNED WILL IN A SAFE PLACE IT CAN BE FOUND AFTER A DEATH

People should keep a Will so it can be found within weeks of their death, like in desk, drawer, safe, or safe deposit box. It can be given to a person to hold. It may help to tell people where to find a Will and any needed code or keys. Some Wisconsin people file a Will for safekeeping at the court "Register in Probate", but if such people re-do their Will to avoid any confusion they probably should withdraw the old filed Will.

CANCELING OLD WILLS IS USUALLY NOT A PROBLEM

Revoking (canceling) old Wills is usually not a problem. New Wills often say old Wills are revoked, and all Will forms in this book say this. To revoke a Will a person can also write "void" or "canceled" or "X" on a Will. But crossing out just part of a Will usually has no effect, and revoking a Will usually doesn't revive an old Will.

MOST WILLS SAY SKIP ANY "BOND" AND ALLOW "INFORMAL" PROBATE

Most Wills say no "bond" or "surety" is needed for an Executor or Guardian. Most people do not want this since this is costly insurance against misconduct paid with estate money and the persons named are trusted. Most Wills also authorize "informal probate" which is a new nice legal option to reduce some costs and delays. Usually probate is not too slow with 1 year common but for small estates quicker legal options are available. Usually probate is not too costly and after expenses often over 95% of value gets to wanted persons.

MOST WILLS HAVE MISCELLANEOUS PART TO HELP AVOID LEGAL ISSUES

Most Wills have a "Miscellaneous" part with paragraphs of legal language to avoid some legal problems.

WILL CAN NAME AN EXECUTOR TO DO THINGS AFTER A DEATH

CAN NAME PERSON "EXECUTOR" TO HAVE POWER TO ACT AFTER A DEATH

Most people in a Will name someone as "Executor" to do things after their death. State law gives an Executor power to do things, like transfer property or money to new owners, handle creditors, and do probate. Most Wills have words to give Executor further power. Often Executor is a spouse, family member, or friend. If needed a judge can always name someone to do this job, but family may argue about who exactly to pick. A lawyer or bank can be Executor if they agree and get a large fee. Naming 2 people to both be Executor is allowed but rare due to risk of disagreements and delay, and since any 1 person named should be trusted. Note, in Wisconsin the term "Personal Representative" is now mostly used in Wills and official legal papers for the person handling things after a death, but many people and this book also use the old term Executor.

EXECUTOR CAN BE PAID AND ESTATE PAYS FOR EXPENSES AND COSTS

A Wisconsin law says Executors should be paid for their work 2% of the value of decedent's estate after deductions for any mortgages and liens. Most people find this fair but some people modify a Will to say to pay Executor an hourly fee. Executors often skip asking for pay to not owe income tax and to leave more money in the estate to carry out Will gifts. Any lawyer hired by an Executor usually agrees to be paid a fixed sum or hourly rate. Money an Executor needs like for repairs, utilities, insurance, costs, fees, and lawyer is gotten from estate accounts or selling estate property. A person named as Executor can get Will gifts.

EXECUTOR IS PERSON AT LEAST 18

A person to be Executor must be age 18 or older. The person need not be a state resident or even a U.S. citizen, but being local can make later work far easier. Wisconsin law does not bar a criminal from serving, but a judge may later remove or block someone who seems very unsuitable or does a very bad job. Some people in a Will name a 2nd person to be Executor if the 1st person is unavailable, like by adding: "or if they are reasonably unable to serve I name _____ to serve". But most people skip this since it is rarely needed, if a problem is seen a new Will can be done, or a judge can always just pick someone.

CHAPTER 4
WILL GIFTS INCLUDING RESIDUE

MAIN USE OF WILL IS TO SAY GIFTS TO HAPPEN AFTER DEATH

People mostly use a Will to say what happens to their property and money after their death, usually by making various Will gifts. Verbal and even written statements about this are not usually valid if not in a Will. A Will can control property acquired after it was signed.

WILL GIFTS USING SIMPLE WORDS IS BEST AND CAN BE A BIT UNCERTAIN

Making gifts in a Will using simple words is often best, using words like "I give to" and "I gift to". This is legally fine and avoids confusing legal words like "bequest", "devise", and "legacy" which few people know. The basic legal rule is a Will gift is sufficiently detailed if people who knew Testator can inform Executor or a judge what Testator meant more likely than not, and certainty is not needed to carry out a Will gift.

PEOPLE ARE MOSTLY FREE TO GIFT THEIR THINGS AS WANTED

A person is mostly free to say what happens to their money and property after their death. This book does explain some limited rights to decedent's things any spouse, children under age 18, and creditors have.

IN WILL CAN DO "SPECIFIC GIFTS" TO GIFT PARTICULAR PROPERTY

Most Wills have "specific gifts" to give particular things. Specific gifts can be any property, like "I give ax to Ed Blom" and "I give UBank account #84548573 to Sue Wu". If a gift is not clear the law assumes all of a kind of thing is given, like "I give jewelry to Ann Po" means all jewelry. But gifting specific property can have surprises like value of an item can change, or a Will gift may not occur later if property is no longer owned.

IN WILL CAN DO "GENERAL GIFTS" LIKE OF MONEY

Wills can do "general gifts" where what is gifted is not particular property but can be flexibly chosen, like "I give 1 of my 3 cars to Ed Po" which lets an Executor pick which car. The usual general gift is money, like "I give $5 to Ed Vu". Money gifts are easy to write, let equal gifts be made, and are safer since specific items might not be owned at death. To carry out money gifts an Executor uses accounts or sells some property.

LATER DIVORCE OR MURDER CANCELS WILL GIFTS TO A PERSON

Wisconsin law says a person divorcing or murdering Testator usually cancels all Will gifts to the person.

"RESIDUE CLAUSE" IS CATCH-ALL THAT HELPFULLY GIFTS ANYTHING LEFT

Most Wills by the end have a Residue Clause to gift property or money not gifted or used in a Will or other ways, often called a "catch-all" or "left-over" clause. The Residue Clause is covered later in this Chapter.

PERSON IN WILL GIFT USUALLY MUST SURVIVE OR GIFT DOES NOT OCCUR

Many Wills like this book's Will forms say a person named in Will gift must survive (live past) Testator for the gift to occur at all unless gift language says different. If survival is not clearly required for a Will gift then what then occurs if a named recipient is dead can be unclear (like due to confusing state "anti-lapse" laws). People doing a Will should consider how Will gifts to people dying before Testator usually have no effect. Many people if they see a person in a Will gift has died re-do a Will or trust a Residue Clause to handle it.

CAN ADD GIFT "ALTERNATE BENEFICIARY" MAYBE FOR SPECIAL ITEMS

A person named in a Will gift dying before a Testator is rare, and if seen most people just re-do a Will or let a Will Residue Clause handle it. But some people to prepare for this small chance maybe for special items add an alternate beneficiary, like "I give boat to Ed Wu but if they don't survive me to Ann Wu".

WILL CAN SAY IF RECIPIENT DIES A GIFT GOES TO "LINEAL DESCENDANTS"

A Will gift can say it goes to a person but if they don't survive then to their "lineal descendants per stirpes". Descendants are a person's children and grandchildren. "Per stirpes" is about "how" to spread things and means "by branch", and basically if used this tries to divide things so each family branch gets an equal share. Most Wills use "lineal descendants" language in a Residue Clause. An example shows how it works:

A Will may say: **"Clothes to Sue Wu but if they don't survive to their lineal descendants per stirpes**", and this means if Sue Wu has died and her son Ken Wu is living and her other son Ben Wu has died but left 2 children then, legally, under the law Ken Wu himself gets 50% and Ben Wu's 2 children each get 25%.

PROPERTY OR MONEY IN A "JOINT GIFT" GOES TO MULTIPLE PEOPLE

The same property or money can go to multiple people to each get a part interest, and this is a "joint gift", like "I give boat and all hats to Ann Wu and Sue Han" means each person owns 50% of every item. People later can split things by agreement or as Executor suggests, or Executor can sell items and split the money. If a person in a joint gift has died their part of things usually is left to transfer under a Residue Clause.

GIFT BENEFICIARIES CAN GET PERCENTAGE RATHER THAN EQUAL SHARE

If a Will gift goes to multiple people the law assumes equal shares, but if wanted percentages can be put to make unequal gifts, like "I give boat 90% to Ed Wu and 10% to Joe Hud".

CONDITIONS ON WILL GIFTS ARE RARE DUE TO POSSIBLE PROBLEMS

Putting conditions on a gift, like "I give Ann Poe $90 if she graduates college", can cause problems like years of delay, risk of lawsuits, and big attorneys fees, and due to this conditions are rarely put on Will gifts.

"JOINT WILL" TO RESTRICT SPOUSES TO ONLY GIVE TO CHILDREN IS RARE

A "Joint Will" or similar "Contract To Make A Will" by a lawyer a married couple can sign can bar later Will changes that gift to anyone except children or a spouse. Doing this is rare and can have legal issues.

IN WISCONSIN "GIFT LISTS" CAN BE USED

This book later shows how state law lets "Gift Lists" give some tangible personal property outside a Will.

AFTER A DEATH FAMILIES OFTEN LET PEOPLE TAKE ITEMS UNOFFICIALLY

After a death many families if no one objects often unofficially let people take small items in ways a dead person mentioned, wrote on notes, put on stickers, or would have wanted, and this usually is not a problem.

NO FEDERAL OR WISCONSIN TAX IS USUALLY OWED DUE TO A DEATH

Usually no tax is owed as a result of a death, including no inheritance, estate, death, or similar taxes. This is because the "Federal Estate And Gift Tax" only starts when a tax credit is used up covering $12.92 million a person in 2023. Wisconsin since 2008 no longer has inheritance, estate, death, or similar taxes.

PEOPLE CAN LEAVE SOME WILL GIFT LINES BLANK OR WRITE "SKIPPED"

A person writing a Will can choose to not use some gifts lines in a Will legal form, like by just leaving them blank, writing things like "SKIPPED" or "NONE" in them, or using a computer to delete some gift lines.

RESIDUE CLAUSE GIFTING ALL LEFT IS MAIN WAY USED TO GIFT THINGS

THE "RESIDUE CLAUSE" IS CATCH-ALL THAT HELPS GIFT ANYTHING LEFT

Most Wills by their end have a Residue Clause to gift any property or money not gifted earlier in a Will or used in other ways. Things transferred this way is called the "Residue". Many people gift most their money and property this way by intentionally not mentioning in a Will most things so the Residue Clause handles it. This skips need to describe things and has less legal risk. Later after applying a Residue Clause if anything is left (which is rare) then closest heirs get things (this is closest family).

USUAL RESIDUE CLAUSE HAS 2 PARTS

A short 2 part Residue Clause is usual and is used in this book's Wills, and it has:

1) 1st space to name 1 or more persons to get things if they survive Testator (many name a spouse or closest family here), and if several people are named but only some survive then survivors split things, and

2) 2nd space to name persons to get things if all in 1st space don't survive (so these are fallbacks) (many name next family or friends here), and if a person in 2nd space died their descendants get their share.

EXAMPLE OF 2 PART RESIDUE CLAUSE:

"RESIDUE CLAUSE: I give money and property not gifted earlier:

A) to my husband John Paul Doe if they survive me, then

B) to Sam Doe my son, Beth Wu my daughter, and Greta Fisher my friend and if any of those just named do not survive me their part goes to their lineal descendants, per stirpes."

In this example if John Paul Doe has survived then he gets all things, but if John Paul Doe hasn't survived and also Sam Doe hasn't survived and he left 2 daughters then those 2 daughters split the 1/3 share of Sam Doe so get 1/6 each and other 2 persons in second part Beth Wu and Greta Fisher get 1/3 each.

A FEW PEOPLE RE-WRITE A RESIDUE CLAUSE TO HAVE 1 PART

A normal Residue Clause of 2 parts is often fine and basically person put in 1st part usually gets things. A small fraction of people may want to modify a Will to have a "1 Part Residue Clause" which may gift to a group more equally. People with no spouse and no children are likelier to do this change, but even they often don't bother and just use this book's Will forms as is. See Example below for exact words to use if people want this change to a 1 Part Residue Clause.

EXAMPLE OF 1 PART RESIDUE CLAUSE:

"**RESIDUE CLAUSE: The rest, residue, and remainder of my estate, property of any kind and nature, and anything I have an interest in, I give to Adam Doe and Beth Wu who survive me, and to lineal descendants per stirpes of any person just named who did not survive me."**

In this example if Adam hasn't survived but had 2 children they each get 25%, and if Beth Wu survived she gets 50%. Or if Beth Wu also hadn't survived and had 5 kids they split her part and each gets 10%.

MUST SUFFICIENTLY DESCRIBE NAMES AND PROPERTY IN WILL

PUTTING NAMES OF PEOPLE OR GROUPS IN WILL IS FAIRLY EASY

Names in Wills are fairly easy. A judge and Executor assume a person means to name people they know so it's OK to use common names unless 2 friends or family use the same name. Details can be used if names won't be recognized or to be friendly, like "I give $5 to maid Sue Lee" and "I give $5 to my loyal pal Ed Hud". If people used a nickname "also known as" or "a/k/a" may help, like "I give $5 to Ed Smith a/k/a Old Fishy". Gifts can go to a charity, government, or group, like "I give $5 to The Salvation Army, "I give $5 to Racine, WI City Library", and "I give all shoes to Lobb Church in Hart, TX". People often phone to get a charity's name.

DESCRIPTIONS OF ITEMS IN WILL GIFTS IS FAIRLY EASY

Describing items in Wills is fairly easy since people rarely own similar items, like probably fine is "I give ax to Ed Wu" and "I give big table to Don Ho". It's OK to gift by list or category, like "I give cow, van, and TV to Ann Vix" or "I give tools to Ed Wu". Financial assets can use plain words like "bank accounts" or "stocks" but details can help, like "Citi Bank account ending #25118". Using item location in a Will gift is a bit risky since a judge may cancel a Will gift if it seems items were placed to affect gifting and not an independent life reason. So, "I give Ed Po items in safe and desk" a judge may not follow, but "I give Ed Po hats at cabin" likely is OK.

GIFTING REAL PROPERTY IS HARD SO USING RESIDUE OR TITLE IS COMMON

The legally safest way to gift real property (real estate) at death is: 1) do nothing specific so it's all handled by a Will Residue Clause, or 2) have a broker or lawyer add names to get real property to land title papers.

Gifting real property <u>any other way is rarely done and hard</u>, and there are a few ways. Helpfully a Will gift of real property by location does gift all land, buildings, and fixtures there with no need to describe what's there.

<u>Giving real property using a "legal description" is how many lawyers do it,</u> but it can be many lines of words. A legal description can be <u>lot based</u>, like: "Lots 6 and 11, in Anton's First Subdivision, according to a plat on record in the office of the Register of Deeds for Waukesha County, WI". Or a legal description may be an <u>old fashioned description</u>, like: "Begin at NE corner of Section 21, Town 7 N, Range 17 E, then East 79° for 18 ft to point marked by stake, then South 188° for 50 ft, then Due West for 18 ft, then to point of beginning".

It is less safe <u>but common to gift real property with plain words</u>, like a house by "I give 21 Ivy Rd., Elko, WI to Leo Ian Lee", or land like "I give all real property in Dane County, WI to Sue Ann Hu". Often both address and legal description are used. Or a <u>blanket gift</u> is possible, like "I give all real property and fixtures I own to ____".

SIMPLE WILL WITH MOST GIFTING DONE BY RESIDUE CLAUSE IS OFTEN BEST

Writing a simple Will without many gifts that mostly uses a Residue Clause to handle things is often best.

If there <u>is a spouse</u> often people do a few small gifts to friends and other family, then use a Residue Clause to gift their spouse the Residue and also name a few fallback persons in a Residue Clause.

If there is <u>no spouse and no child</u> often people do small gifts, then use a Residue Clause to gift to closest family and friends.

<u>A parent with children</u> if married to the 2nd parent often gifts to them in a Residue Clause and names children as fallbacks there. Or if not married to other parent they often gift all to children in a Residue Clause.

CHAPTER 5
DEBT, MARRIAGE, AND YOUNG CHILD ISSUES

DEBT, MARRIAGE, AND YOUNG CHILD CAN CAUSE ISSUES

This Chapter covers **complex** debt, marriage, and young child issues. Some people can skip some parts.

DEBT ISSUES

PAYING DECEDENT'S DEBTS MAY USE UP RESOURCES

Creditors a decedent owed can ask a judge to be paid from decedent's money and property before some Will gifts and transfers are done. How paying debts occurs is mostly set by law and a Will need not cover this. Paying debts uses some property and money so may affect (in order) the Will Residue, Will general gifts, Will specific gifts, and non-probate transfers. Some things like funeral or probate costs have priority to be paid first. Decedent's spouse or family usually don't have to pay decedent's debts unless they guaranteed or co-signed. People should consider how paying debts may use up money or property, leaving less to carry out Will gifts.

IN WISCONSIN THE FAMILY HOME OFTEN GOES TO FAMILY

Often a person who owns a house where family live puts a spouse or minor children on the title so they get it if the person dies. Or often a Will gives the family home to family. Though rare if owner of a family home makes absolutely no arrangements about it then by law a surviving spouse can ask a judge to be given it. At the very least in Wisconsin a surviving spouse has a right to offer to pay for a dead spouse's ownership interest, which due to Community Property law is often a half interest with a surviving spouse owning the rest. Not giving a spouse the family house can cause awkward shared ownership and maybe years of legal issues. Laws mostly protect a house from creditors except those with a mortgage, home equity loan, or mechanics lien. For many reasons most people give a house where family are to a spouse or if there's no spouse to children.

BEFORE DEBTS ARE PAID THE FAMILY CAN CLAIM "FAMILY RIGHTS"

Many states say "family rights" can be claimed by a spouse or minor children before most debts are paid. Under Wis. Stat. § 861.33(1) a surviving spouse can ask a judge for some of decedent's household items like some clothes, jewelry, furniture, 1 car, and appliances of a decedent. Similarly if young children are in need a judge may give them household items so they do have things to use or sell for money. But a judge may limit this if items are named in Will specific gifts or limit this to $5000-$10,000 if there are many unpaid creditors. Also, a "family allowance" paid monthly can be sought if family don't enough things of value to use to live on, and a spouse can ask for full support for 1 year or so of probate, and decedent's young children can ask for full support till age 18, which may mean a judge sets aside a very big part of a dead person's estate for this. Clearly if family use these options this takes some of decedent's estate so may interfere with Will gifts and other transfers. Due to this most people by Will and other ways give mostly to any spouse or minor children.

SECURED DEBTS LIKE MORTGAGE OR VEHICLE LIEN ARE NOT PAID OFF

Secured debts like a house mortgage or vehicle lien on decedent's things are not usually paid off since state law and most Wills say this, mostly to not use estate resources paying off big debts. But a Testator can a) gift in Will money to pay the debt, or b) put in Will an order to pay (like, "I order home mortgage paid off").

MARRIAGE ISSUES

"COMMUNITY PROPERTY" LAW APPLIES TO SPOUSES IN WISCONSIN

Nine states mostly in U.S. West like Wisconsin, Texas, and California for married people use "Community Property" law. Wisconsin uses the term "Marital Property" for this but this basically means the same thing. Other states use "Separate Property" law like Minnesota, Illinois, New York, and most states not in the West. A few people sign a contract about Community Property law usually before a wedding. **The law is complex**.

MARRIED SPOUSES MAY OWN MOST THINGS 50/50 EVEN WAGES AND SALARY

Community Property law says residents if married share 50/50 and have a half-interest in money and property either spouse gets which is related in any major way to physical or mental effort while married. Shared things are called "community property" and all else is called "separate property". Note, Wisconsin uses the term "marital property" for community property but things basically work the same as in other states. This law comes from French and other traditions, seeing marriage like a partnership, and so if a person's spouse dies the person has something to live on. Many states have laws to give any spouse a lot to live on. So, wages, salary, and income related to labor are usually community property no matter what spouses say.

SHOWING THINGS ARE NOT COMMUNITY PROPERTY CAN BE HARD

A judge often accepts what people say is community property or not, but if anyone disagrees it is presumed a married person's things are all community property till proven otherwise. Good records, separate accounts, or discussing things with witnesses can help but is rarely done. Putting 1 name on an account or title to a thing doesn't change its nature. Many couples end up with most property and money as community property. Examples of separate property are things owned before a marriage including savings and any property, an inheritance or gift given to 1 spouse, personal injury lawsuit money, and engagement and wedding rings. Separate property can come from tracing things to other separate property, like to pre-marriage savings. Using physical or mental effort while married on separate property can turn items into part community property.

MARRIED PEOPLE FACE ISSUES AND HAVE SOME OPTIONS WHEN GIFTING

A spouse unhappy with a Will and other transfers has many legal options too complex to cover here. A married person when gifting by Will and other ways faces many issues and basically has a few options.

First, to avoid most issues many people just give everything wholly to their spouse by Will or other ways.

Second, some people are careful to only gift separate property to persons not their spouse by Will and other ways, and then have all community property go to a spouse. But this can be hard to do with certainty.

Third, many people trust if they give most money and property to a spouse and family (like over 90% and the family home) then a spouse won't object to a small bit of community property a decedent gives to others, and instead will help carry out a Will and other transfers. A spouse often doesn't want the hassle, to seem selfish, or risk a lawsuit just to keep a half-interest in a bit of community property a decedent gave to someone.

YOUNG CHILD ISSUES

"GUARDIAN OF THE PERSON" GIVES PERSONAL CARE TO CHILD

If a parent dies with a child under 18 the other natural or adopted parent (but not step-parent) often gets control of a child including health care, school, and home issues, unless the parent is proven unfit in court which is rare. But just in case it is needed (like if both parents later die) Wills often name a "Guardian of the Person" to provide this personal care for a child, often naming a healthy and willing family member or friend.

"GUARDIAN OF THE ESTATE" MANAGES A CHILD'S MONEY AND PROPERTY

Since a child until 18 can't easily manage money or property many Wills name a "Guardian of the Estate" to help. They manage a child's property and money and decide how to use these for a child's costs like housing, food, school, and health care. At 18 anything left goes to the child. Parents dying is rare and often a child only gets money and property if all parents die, but a Guardian of the Estate can be named just in case. Judges often hold a yearly hearing to review any spending. People paying for needed things can ask to be paid from a child's funds. Note, most Wills at their end also say the Executor may let a "Custodian" they pick manage a minor's property and money, spend it for the minor's benefit, and later give the minor anything left. This is allowed by the new helpful "Uniform Transfers To Minors Act" law which lets this Custodian mostly do what a Guardian of the Estate does but avoids most costs, work, and court hearings that people dislike.

THIS BOOK'S WILLS NAME THE SAME PERSON AS BOTH KINDS OF GUARDIAN

This book's Will forms have a spot to name a person to be Guardian of the Person and, also, Guardian of the Estate. Not bothering to name different people is common since parents dying is rare, usually a child gets things only if both parents are dead so a Guardian of the Person will be involved, people chosen as wise enough to raise children often are at least OK with money, and a Guardian of the Person if they disagree with spending may argue or sue. People can modify a Will to name different people for these 2 jobs if they want.

A PERSON TO BE A GUARDIAN MUST BE AT LEAST AGE 18

To be a Guardian a person must be at least 18. The preference of the last living parent usually controls. After age 15 a child can say who they'd prefer for a judge to consider. A Guardian needn't be a U.S. citizen or state resident but being local makes work easier. A judge may block or remove people who seem very unsuitable or do a bad job as Guardian, and usually this means a person may not have a criminal record with a serious felony or crime involving children. If no Will names someone or they're unavailable a judge can pick but this may cause big family arguments. Naming 2 people to be Guardian <u>at the same time</u> is rare since this may problems and since any 1 person named is trusted, but some people name a married couple. Some Wills name a 2nd person to serve if needed <u>if the 1st person is unavailable</u>, but this is uncommon since it is rarely needed, if seen a Will can be re-done, or a judge can act. But if wanted words can be added to a Will to add a second person, like "or if they are reasonably unable to serve I name ___ to serve".

PICKING GUARDIANS RARELY MATTERS DESPITE PARENTS WORRYING

A young child having parents die is rare so parents shouldn't worry that much about this. A very large U.S. study of 311,900 people found 72,240 were under 18 and of these 2014 had lost 1 parent (2.78%) and just 97 both parents (just 0.13%), so losing parents is very rare. *Parent Mortality Census SIPP Paper #288.*

CHAPTER 6
BASIC IDEAS ABOUT HEALTH CARE FORMS

SOME BASIC IDEAS HELP PEOPLE UNDERSTAND HEALTH CARE FORMS

Some ideas help people understand health care forms.

■ By law people control their own health care unless "incapacitated" by inability to a) be conscious enough, b) be rational enough, or c) communicate verbally or by written notes. Unless incapacitated people just tell doctors what health care they want and legal documents don't matter. In actuality most people keep control of health care till death or until no big options remain, but people worry they may be incapacitated a long time.

■ Parents do have power over health care of their children under age 18.

■ If an adult 18 or older becomes incapacitated their closest family like a spouse or adult child can make emergency decisions, but then they often must rush to a judge to get more power if no legal document has been done to give them power over health care.

■ In forms a person can be named to have control of health care if needed, who is often called "Agent".

■ In forms people can write health care instructions that doctors, family, Agent, and others must obey.

■ **Young people** are less often ill so often skip health care forms. Some **married people** do a form to give a spouse power over health care if they are incapacitated. Some **young adults** give this power to parents.

■ Pain relief like pain drugs and "comfort care" is usually given even if forms say to stop or limit other care.

■ Most people do 1 fairly long health care form with spots for instructions and to name an Agent in case they are incapacitated. Names for this form varies. Other forms are mostly only done by oldest or sickest people.

■ For rare cases stopping health care ("pulling plug") likely will matter due to type of illness or extreme age:

-- most people do nothing special and trust family or Agent to decide on stopping care based on changing complex factors like pain, cost, hassle, suffering and time of treatment, beliefs, and chances of recovery;

-- a few people do a serious document to say to stop most health care if **later** doctors decide a person a) is incapacitated, b) has irrevocable terminal condition or likely won't regain good consciousness, and c) further medical care won't help (this action is often called a **"**Living Will" though names of forms vary);

-- a few people do a serious document to **starting immediately** block health care listed, often called a "Do-Not-Resuscitate" if just about "resuscitation" or called a "Physician's Order" if about many treatments.

■ This book has 3 legal forms about health care which are all fairly standard, the Power Of Attorney For Health Care, the Declaration To Health Care Professionals (Living Will), and Do Not Resuscitate Order.

CHAPTER 7
FORM 1: LAST WILL AND TESTAMENT (STANDARD)

FORM 1 IS A STANDARD WILL THAT IS FLEXIBLE AND WITHOUT GUARDIAN

Form 1 is a standard Will that is flexible and lets a person control some things after their death. This form has no part about a Guardian so this form is for a person with no minor child under age 18.

FORM IS WILL WITH SEVERAL PARTS

This form at start has place for person doing Will (Testator) to write their full legal name (unless they dislike it and rarely use it), and write county they currently reside in (a Will is still valid if people move later).

The 1st paragraph, "Gifts", has many spaces to make either specific gifts of particular property or general gifts like of money. People can delete, copy and paste to add more, or leave blank these gift lines.

The 2nd paragraph, "Separate Writings", says to follow any separate writings done apart from the Will that gifts tangible personal property in way allowed by law.

The 3rd paragraph, "Residue", has a Residue Clause to say any property and money left after other Will parts and any other transfers is gifted to persons as the Residue Clause directs.

The 4th paragraph, "Administration", has space to name a "Personal Representative" to do things after the Testator's death (this newer term in Wisconsin is mostly replacing the older term of "Executor" for this).

The 5th paragraph, "Miscellaneous", has paragraphs of legal language to help avoid certain legal issues.

Last is paragraph for person doing Will to sign, and paragraph for 2 witnesses to sign and put addresses.

WILL'S RESIDUE CLAUSE HAS 2 PLACES TO NAME PERSONS TO GET THINGS

In a Will "Residue Clause" any property and money of Testator left after all Will gifts and other transfers is distributed as the clause directs. Many people use a Residue Clause to gift most things to not have to describe every single thing and for other legal reasons. In this Will form's Residue Clause there is:

1) a 1st space to name 1 or more persons to get the Residue, and if any named here have not survived and died before the Will maker then any other persons named here take their share,
2) a 2nd space to name people to get things if all in 1st space died before Will maker, and if any people named here didn't survive their shares go to "lineal descendants" like their children.

Most people name in 1st space a spouse or closest family or closest friends, and in 2nd space next closest family or friends. This may seem complex but usually people in the 1st area of the Clause will get things.

TESTATOR AND 2 WITNESSES WHILE TOGETHER SIGN WILL

This Will form after being filled out (except bits intentionally left blank) to be valid must be signed by person doing the Will (called Testator) in front of 2 witnesses at least age 18 who then also sign the Will. Testator and witnesses should be in 1 room and see each person sign. Witnesses usually just read the 1 paragraph they sign. Usually witnesses are not themselves or their spouse named in any Will gifts and also usually not named to be Executor or Guardian in the Will. The Testator need not initial the Will pages. Testator and witnesses showing each other ID is common. Though not required often Testator says a thing like, "My name is _____ and this is my Will that I do voluntarily and want you 2 people to witness". Once completed a Will should be kept so it can found quickly within weeks of the Testator's death.

LAST WILL AND TESTAMENT

I, _____, of _____ County, Wisconsin, do revoke all prior Wills, Testaments, and Codicils, and do make, publish, and declare this as my Will. I am of sound mind and under no duress or undue influence and acting voluntarily.

1. GIFTS. I give these gifts in this Will, but to get a gift in this section the recipient must survive me except as otherwise stated below.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

2. SEPARATE WRITINGS. All separate writings of mine that gift tangible personal property should be followed as allowed by state law including Wis. Stat. § 853.32. This Will does not revoke any such writings that exist. A gift in such a writing to a person who does not survive me is canceled and has no effect.

3. RESIDUE. I give the residue, rest, and remainder of my estate, my money and property of any kind and nature, and anything I have an interest in so long as it was not transferred by other Will provisions (all of which is called the "residue"), as follows:

a) to _____ who survive me with persons just named who survive me taking the share of non-survivors, then

b) to _____ and if any of the persons just named do not survive me their part goes to their lineal descendants per stirpes.

4. ADMINISTRATION. I name and appoint _____ as Personal Representative including for me, my Will, and my estate.

5. MISCELLANEOUS. The following applies to this Will and generally.

Wisconsin is my primary residence and its laws should apply to this Will.

Priority of Will gifts of the same type is based on the order they are written.

In this document no unfilled part is a mistake and residue spaces may be left blank.

The words "give" and "gift" also means a devise, bequest, grant, legacy, or similar.

A gift of property no longer owned by Testator at death shall lapse and be of no effect including no payment of money shall be done in its place, all without ademption.

If a gift or section in this Will reasonably mentions survival in any way then survival is an absolute condition and anti-lapse laws or similar have no effect.

Unless a Will gift specifies otherwise if a Will gift goes to multiple recipients if any do not survive Testator their part to them lapses and instead goes to other surviving recipients.

Any failure to make more or any Will gifts to current children or current spouse at the time I do this Will is intentional and not a mistake to remedy.

No gift or transfer I made during my life to a person reduces or offsets a Will gift, unless during my life I expressly usually called it a loan or advancement.

Unless another meaning is shown by context use of plural includes the singular and vice versa, and also masculine, feminine, and neuter words are used interchangeably. Unless another meaning is shown "they" means both one person and multiple persons.

Unless a Will specifically says otherwise a) a secured debt including a mortgage or lien shall not be paid off including by the Personal Representative or during probate, b) the recipient of a Will gift of property takes it subject to any debts, and c) no such recipient who later loses the property to a debtor or who pays a debtor to avoid foreclosure or other loss may require the estate, heirs, devisees, or others to pay recipient back or do anything.

I request and authorize any informal, summary, and quick probate or similar action. Any Personal Representative may act independently with no supervision of any court, including independent administration, and without doing any action or filings in court.

I give any Personal Representative a) the fullest authority, powers, and discretion allowed by state law, b) authority to lease, sell, mortgage, convey, or retain property including real property in any such manner and time they deem helpful or proper, and c) authority to settle or pay claims or debts at any time they in their sole discretion choose. Any Personal Representative shall also have all powers found in Wisconsin state law existing on the date of this Will and any other powers hereafter conferred by law.

A Personal Representative shall have sole discretion how to balance people's feelings and pick property or divide a gift to carry out a general gift or a gift to multiple persons.

If context permits the terms Personal Representative, Executor, and Administrator are

interchangeable as if all were written, and Guardian of the Estate is interchangeable with Conservator. The terms Residue and Residuary are also interchangeable.

I request any lawyers be paid hourly or a fixed sum and not by any percentage.

The residue includes lapsed or failed gifts, insurance paid to the estate, any inheritances owed, and property I have or had a power of appointment or testamentary disposition over.

Any Personal Representative, Executor, Administrator, Guardian of any type, Conservator, Custodian, and any fiduciary under this Will or otherwise shall qualify and serve without bond, security, surety, or any similar thing.

If part of this Will is by law invalid or unenforceable other provisions remain in effect.

Any Personal Representative in their sole discretion may at any time transfer money or property of a minor under age 18 to a Custodian under the Wisconsin Uniform Transfers to Minors Act or any similar law anywhere. The Custodian holding money and property can make discretionary payments of any kind and to any recipient to benefit the minor, and later pay any remainder to a minor at age 18. When doing this no bond, court action, or anything is required. Any Personal Representative may select the Custodian including themselves but if they do not I name for this the Guardian of the Estate named in this Will.

TESTATOR

I, as Testator of this Will, do now declare, publish, and sign this instrument as my Will this __ day of _____, 20___.

_____

Testator signature

WITNESSES

This document was willingly and voluntarily signed by the Testator as the Will of Testator in the presence of both of us persons who sign below as witnesses, to the best of our knowledge the Testator is at least 18 years of age and of sound mind and disposing memory, to the best of our knowledge the Testator is under no constraint or undue influence, and both of us witnesses did sign this document in the presence of the other witness and presence of Testator within a reasonable time of when Testator signed it.

_____ _____

Declarant Address

_____ _____

Declarant Address

CHAPTER 8
FORM 2: LAST WILL AND TESTAMENT (GUARDIAN)

FORM 2 IS BASIC WILL WITH GUARDIAN CLAUSE FOR YOUNG CHILD

Form 2 is a Will with a Guardian part to be used by a person with a minor child under age 18.

FORM IS WILL WITH SEVERAL PARTS

This form at start has place for person doing Will (Testator) to write their full legal name (unless they dislike it and rarely use it), and write county they currently reside in (a Will is still valid if people move later).

The 1st paragraph, "Gifts", has many spaces to make either specific gifts of particular property or general gifts like of money. People can delete, copy and paste to add more, or leave blank these gift lines.

The 2nd paragraph, "Separate Writings", says to follow any separate writings done apart from the Will that gifts tangible personal property in way allowed by law.

The 3rd paragraph, "Residue", has a Residue Clause to say any property and money left after other Will parts and any other transfers is gifted to persons as the Residue Clause directs.

The 4th paragraph, "Administration", has space to name a "Personal Representative" to do things after the Testator's death (this newer term in Wisconsin is mostly replacing the older term of "Executor" for this).

The 5th paragraph, "Guardian", lets the person name someone as Guardian to care for a young child if later needed (like if no parent is available), and if needed also manage a child's property and money.

The 6th paragraph, "Miscellaneous", has paragraphs of legal language to help avoid certain legal issues.

Last is paragraph for person doing Will to sign, and paragraph for 2 witnesses to sign and put addresses.

WILL'S RESIDUE CLAUSE HAS 2 PLACES TO NAME PERSONS TO GET THINGS

In a Will "Residue Clause" any property and money of Testator left after all Will gifts and other transfers is distributed as the clause directs. Many people use a Residue Clause to gift most things to not have to describe every single thing and for other legal reasons. In this Will form's Residue Clause there is:

1) a 1st space to name 1 or more persons to get the Residue, and if any named here have not survived and died before the Will maker then any other persons named here take their share,
2) a 2nd space to name people to get things if all in 1st space died before Will maker, and if any people named here didn't survive their shares go to "lineal descendants" like their children.

Most people name in 1st space a spouse or closest family or closest friends, and in 2nd space next closest family or friends. This may seem complex but usually people in the 1st area of the Clause will get things.

TESTATOR AND 2 WITNESSES WHILE TOGETHER SIGN WILL

This Will form after being filled out (except bits intentionally left blank) to be valid must be signed by person doing the Will (called Testator) in front of 2 witnesses at least age 18 who then also sign the Will. Testator and witnesses should be in 1 room and see each person sign. Witnesses usually just read the 1 paragraph they sign. Usually witnesses are not themselves or their spouse named in any Will gifts and also usually not named to be Executor or Guardian in the Will. The Testator need not initial the Will pages. Testator and witnesses showing each other ID is common. Though not required often Testator says a thing like, "My name is _____ and this is my Will that I do voluntarily and want you 2 people to witness".

LAST WILL AND TESTAMENT

I, _____, of _____ County, Wisconsin, do revoke all prior Wills, Testaments, and Codicils, and do make, publish, and declare this as my Will. I am of sound mind and under no duress or undue influence and acting voluntarily.

1. GIFTS. I give these gifts in this Will, but to get a gift in this section the recipient must survive me except as otherwise stated below.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

2. SEPARATE WRITINGS. All separate writings of mine that gift tangible personal property should be followed as allowed by state law including Wis. Stat. § 853.32. This Will does not revoke any such writings that exist. A gift in such a writing to a person who does not survive me is canceled and has no effect.

3. RESIDUE. I give the residue, rest, and remainder of my estate, my money and property of any kind and nature, and anything I have an interest in so long as it was not transferred by other Will provisions (all of which is called the "residue"), as follows:

a) to _____ who survive me with persons just named who survive me taking the share of non-survivors, then

b) to _____ and if any of the persons just named do not survive me their part goes to their lineal descendants per stirpes.

4. ADMINISTRATION. I name and appoint _____ as Personal Representative including for me, my Will, and my estate.

5. GUARDIAN. I name to serve when proper _____ as Guardian of the Person for any minor child, and also as Guardian of the Estate for any minor child's property, money, and estate

6. MISCELLANEOUS. The following applies to this Will and generally.

Wisconsin is my primary residence and its laws should apply to this Will.

Priority of Will gifts of the same type is based on the order they are written.

In this document no unfilled part is a mistake and residue spaces may be left blank.

The words "give" and "gift" also means a devise, bequest, grant, legacy, or similar.

A gift of property no longer owned by Testator at death shall lapse and be of no effect including no payment of money shall be done in its place, all without ademption.

If a gift or section in this Will reasonably mentions survival in any way then survival is an absolute condition and anti-lapse laws or similar have no effect.

Unless a Will gift specifies otherwise if a Will gift goes to multiple recipients if any do not survive Testator their part to them lapses and instead goes to other surviving recipients.

Any failure to make more or any Will gifts to current children or current spouse at the time I do this Will is intentional and not a mistake to remedy.

No gift or transfer I made during my life to a person reduces or offsets a Will gift, unless during my life I expressly usually called it a loan or advancement.

Unless another meaning is shown by context use of plural includes the singular and vice versa, and also masculine, feminine, and neuter words are used interchangeably. Unless another meaning is shown "they" means both one person and multiple persons.

Unless a Will specifically says otherwise a) a secured debt including a mortgage or lien shall not be paid off including by the Personal Representative or during probate, b) the recipient of a Will gift of property takes it subject to any debts, and c) no such recipient who later loses the property to a debtor or who pays a debtor to avoid foreclosure or other loss may require the estate, heirs, devisees, or others to pay recipient back or do anything.

I request and authorize any informal, summary, and quick probate or similar action. Any Personal Representative may act independently with no supervision of any court, including independent administration, and without doing any action or filings in court.

I give any Personal Representative a) the fullest authority, powers, and discretion allowed by state law, b) authority to lease, sell, mortgage, convey, or retain property including real property in any such manner and time they deem helpful or proper, and c) authority to settle or pay claims or debts at any time they in their sole discretion choose. Any Personal Representative shall also have all powers found in Wisconsin state law existing on the date of this Will and any other powers hereafter conferred by law.

A Personal Representative shall have sole discretion how to balance people's feelings

and pick property or divide a gift to carry out a general gift or a gift to multiple persons.

If context permits the terms Personal Representative, Executor, and Administrator are interchangeable as if all were written, and Guardian of the Estate is interchangeable with Conservator. The terms Residue and Residuary are also interchangeable.

I request any lawyers be paid hourly or a fixed sum and not by any percentage.

The residue includes lapsed or failed gifts, insurance paid to the estate, any inheritances owed, and property I have or had a power of appointment or testamentary disposition over.

Any Personal Representative, Executor, Administrator, Guardian of any type, Conservator, Custodian, and any fiduciary under this Will or otherwise shall qualify and serve without bond, security, surety, or any similar thing.

If part of this Will is by law invalid or unenforceable other provisions remain in effect.

Any Personal Representative in their sole discretion may at any time transfer money or property of a minor under age 18 to a Custodian under the Wisconsin Uniform Transfers to Minors Act or any similar law anywhere. The Custodian holding money and property can make discretionary payments of any kind and to any recipient to benefit the minor, and later pay any remainder to a minor at age 18. When doing this no bond, court action, or anything is required. Any Personal Representative may select the Custodian including themselves but if they do not I name for this the Guardian of the Estate named in this Will.

TESTATOR

I, as Testator of this Will, do now declare, publish, and sign this instrument as my Will this __ day of _____, 20___.

_____

Testator signature

WITNESSES

This document was willingly and voluntarily signed by the Testator as the Will of Testator in the presence of both of us persons who sign below as witnesses, to the best of our knowledge the Testator is at least 18 years of age and of sound mind and disposing memory, to the best of our knowledge the Testator is under no constraint or undue influence, and both of us witnesses did sign this document in the presence of the other witness and presence of Testator within a reasonable time of when Testator signed it.

_____ _____

Declarant Address

_____ _____

Declarant Address

CHAPTER 9
FORM 3: WISCONSIN BASIC WILL (STATUTORY WILL)

FORM IS WILL WRITTEN IN STATE LAW FOR PEOPLE TO USE IF WANTED

The Wisconsin Basic Will is found in state law at Wisconsin Statute § 853.55 for people to use if wanted. A form written by the legislature and found in state law is called a "statutory form", and a few states have Wills like this and most people call this a "Statutory Will". The Wisconsin Basic Will is a bit inflexible but judges and lawyers understand it well, and people who want a simple Will often are happy with using this.

WILL CAN SAY WHAT HAPPENS TO PERSON'S MONEY AND PROPERTY

The Wisconsin Basic Will is a bit inflexible but does let a person make some choices about how to distribute their property and money.

Paragraph 2.1 says personal, recreational, and household items go to any surviving spouse, and if there is no spouse then to any surviving children. But Paragraph 2.1 is subject to and modified by Paragraph 2.2.

Paragraph 2.2 has boxes where people can make specific gifts of items or money to go to persons or groups who are named here. A person should say who gets something in the left box, describe the property or a money amount in the middle box, and in the right box sign. If a box is not used people should write "Not Used" in it. People who want can copy and paste with a computer to add more boxes to do more gifts.

Paragraph 2.3 is the Residue Clause with 2 options to handle any property or money left (this is called in the form the "Residuary Estate"). Option "A" distributes things to any surviving spouse and if there is none to a person's children (if a child has died but left a descendant (i.e., a grandchild) they take in their place). Option "B" distributes things as if a person left no valid Will, which is called distributing things as "intestate law" says which usually is to close family, and this is explained elsewhere in this book.

Overall many people are happy with the Wisconsin Basic Will since it lets people pick a Guardian for any young children, pick a Personal Representative (Executor), and say who gets money and property.

CAN NAME PERSONAL REPRESENTATIVE AND GUARDIAN AND SKIP BOND

In the form a person can name someone to be "Personal Representative" to do things after their death, which many people call the Executor. Also, in the form a person with a child under 18 can name someone to be a "Guardian" to if needed provide personal care for a child and also manage their property and money. In the form additional people can be named to serve as Personal Representative and Guardian if the first persons named failed to serve, but this is rarely needed and often skipped. Lastly, a person can sign in a box to show they do not want a "bond" for any Personal Representative or any Guardian, and most people do this since this is costly insurance against misconduct paid for using up money and property of the estate.

COMPLETE WILL BY SIGNING WITH 2 WITNESSES

The form must be signed by the person doing the Will in front of 2 witnesses who then also sign the Will. Most people at least age 18 usually can be a witness, and often used is a friend, neighbor, or a stranger. However any Will gifts to a witness or their spouse usually are invalid and have no effect, except a witness or their spouse may get up to the amount they'd have gotten under intestate law if there was no Will. Once done a Will should be kept so it can be found within days of the Testator's death.

WISCONSIN BASIC WILL

Wisconsin Statutes, Section 853.55

NOTICE TO THE PERSON WHO SIGNS THIS WILL:

1. THIS WILL DOES NOT DISPOSE OF PROPERTY WHICH PASSES ON YOUR DEATH TO ANY PERSON BY OPERATION OF LAW OR BY ANY CONTRACT. FOR EXAMPLE, THE WILL DOES NOT DISPOSE OF JOINT TENANCY ASSETS, AND IT DOES NOT NORMALLY APPLY TO PROCEEDS OF LIFE INSURANCE ON YOUR LIFE OR YOUR RETIREMENT PLAN BENEFITS.

2. THIS WILL IS NOT DESIGNED TO REDUCE TAXES. YOU SHOULD DISCUSS THE TAX RESULTS OF YOUR DECISIONS WITH A COMPETENT TAX ADVISER.

3. THIS WILL MAY NOT WORK WELL IF YOU HAVE CHILDREN BY A PREVIOUS MARRIAGE OR IF YOU HAVE BUSINESS PROPERTY, PARTICULARLY IF THE BUSINESS IS UNINCORPORATED.

4. YOU CANNOT CHANGE, DELETE OR ADD WORDS TO THE FACE OF THIS WISCONSIN BASIC WILL. YOU MAY REVOKE THIS WISCONSIN BASIC WILL, AND YOU MAY CHANGE IT BY SIGNING A NEW WILL.

5. THE FULL TEXT OF THIS WISCONSIN BASIC WILL, THE DEFINITIONS, THE PROPERTY DISPOSITION CLAUSES AND THE MANDATORY CLAUSES FOLLOW THE END OF THIS WILL AND ARE CONTAINED IN THE PROBATE CODE OF WISCONSIN (CHAPTERS 851 TO 882 OF THE WISCONSIN STATUTES).

6. THE WITNESSES TO THIS WILL SHOULD NOT BE PEOPLE WHO MAY RECEIVE PROPERTY UNDER THIS WILL. YOU SHOULD READ AND CAREFULLY FOLLOW THE WITNESSING PROCEDURE DESCRIBED AT THE END OF THIS WILL.

7. YOU SHOULD KEEP THIS WILL IN YOUR SAFE−DEPOSIT BOX OR OTHER SAFE PLACE.

8. IF YOU MARRY OR DIVORCE AFTER YOU SIGN THIS WILL, YOU SHOULD MAKE AND SIGN A NEW WILL.

9. THIS WILL TREATS ADOPTED CHILDREN AS IF THEY ARE BIRTH CHILDREN.

10. IF YOU HAVE CHILDREN UNDER 21 YEARS OF AGE, YOU MAY WISH TO USE THE WISCONSIN BASIC WILL WITH TRUST OR ANOTHER TYPE OF WILL.

11. IF THIS WISCONSIN BASIC WILL DOES NOT FIT YOUR NEEDS, YOU MAY WANT TO CONSULT WITH A LAWYER.

WISCONSIN BASIC WILL OF

_____

(Insert Your Name)

Article 1. Declaration

This is my will and I revoke any prior wills and codicils (additions to prior wills).

Article 2. Disposition of My Property

2.1. PERSONAL, RECREATIONAL AND HOUSEHOLD ITEMS. Except as provided in paragraph 2.2, I give all my furniture, furnishings, household items, recreational equipment, personal automobiles and personal effects to my spouse, if living; otherwise they shall be divided equally among my children who survive me.

2.2. GIFTS TO PERSONS OR CHARITIES. I make the following gifts to the persons or charities in the cash amount stated in words (.... Dollars) and figures ($....) or of the property described. I SIGN IN EACH BOX USED. I WRITE THE WORDS "NOT USED" IN THE REMAINING BOXES. If I fail to sign opposite any gift, then no gift is made. If the person mentioned does not survive me or if the charity does not accept the gift, then no gift is made.

FULL NAME OF PERSON OR CHARITY TO RECEIVE GIFT (Name only one. Please print.)	AMOUNT OF CASH GIFT OR DESCRIPTION OF PROPERTY.	SIGNATURE OF TESTATOR. _____

FULL NAME OF PERSON OR CHARITY TO RECEIVE GIFT (Name only one. Please print.)	AMOUNT OF CASH GIFT OR DESCRIPTION OF PROPERTY.	SIGNATURE OF TESTATOR. _____

FULL NAME OF PERSON OR CHARITY TO RECEIVE GIFT (Name only one. Please print.)	AMOUNT OF CASH GIFT OR DESCRIPTION OF PROPERTY.	SIGNATURE OF TESTATOR. _____

FULL NAME OF PERSON OR CHARITY TO RECEIVE GIFT (Name only one. Please print.)	AMOUNT OF CASH GIFT OR DESCRIPTION OF PROPERTY.	SIGNATURE OF TESTATOR. _____

FULL NAME OF PERSON OR CHARITY TO RECEIVE GIFT (Name only one. Please print.)	AMOUNT OF CASH GIFT OR DESCRIPTION OF PROPERTY.	SIGNATURE OF TESTATOR. _____

2.3. ALL OTHER ASSETS (MY "RESIDUARY ESTATE"). I adopt only one Property Disposition Clause in this paragraph by writing my signature on the line next to the title of the Property Disposition Clause I wish to adopt. I SIGN ON ONLY ONE LINE. I WRITE THE WORDS "NOT USED" ON THE REMAINING LINE. If I sign on more than one line or if I fail to sign on any line, the property will go under Property Disposition Clause (b) and I realize that means the property will be distributed as if I did not make a will in accordance with Chapter 852 of the Wisconsin Statutes.

PROPERTY DISPOSITION CLAUSES (Select one.)

(a) TO MY SPOUSE IF LIVING, IF NOT LIVING, THEN TO MY CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILD BY RIGHT OF REPRESENTATION _____

(b) TO BE DISTRIBUTED AS IF I DID NOT HAVE A WILL. _____

Article 3. Nominations of Personal Representative and Guardian

3.1. PERSONAL REPRESENTATIVE. (Name at least one.)

I nominate the person or institution named in the first box of this paragraph to serve as my personal representative. If that person or institution does not serve, then I nominate the others to serve in the order I list them in the other boxes. I confer upon my personal representative the authority to do and perform any act which he or she determines is in the best interest of the estate, with no limitations. This provision shall be given the broadest possible construction. This authority includes, but is not limited to, the power to borrow money, pledge assets, vote stocks and participate in reorganizations, to sell or exchange real or personal property, and to invest funds and retain securities without any limitation by law for investment by fiduciaries.

FIRST PERSONAL REPRESENTATIVE	
SECOND PERSONAL REPRESENTATIVE	
THIRD PERSONAL REPRESENTATIVE	

3.2. GUARDIAN. (If you have a child under 18 years of age, you should name at least one guardian of the child.)

If my spouse dies before I do or if for any other reason a guardian is needed for any child of mine, then I nominate the person named in the first box of this paragraph to serve as guardian of the person and estate of that child. If the person does not serve, then I nominate the person named in the second box of this paragraph to serve as guardian of that child.

FIRST GUARDIAN	
SECOND GUARDIAN	

3.3. BOND.

My signature in this box means I request that a bond, as set by law, be required for each individual personal representative or guardian named in this will. IF I DO NOT SIGN IN THIS BOX, I REQUEST THAT A BOND NOT BE REQUIRED FOR ANY OF THOSE PERSONS.

I sign my name to this Wisconsin Basic Will on _____ (date), at _____ (city), Wisconsin.

Signature of Testator _____

STATEMENT OF WITNESSES (You must use two witnesses, who should be adults.)

I declare that the testator signed the will in front of me, acknowledged to me that this document was his or her will *or* acknowledged to me that the signature above is his or her signature. The testator appears to me to be of sound mind and not under undue influence.

Signature _____

Print Name Here _____

Residence Address _____

Date Signed _____

I declare that the testator signed the will in front of me, acknowledged to me that this document was his or her will *or* acknowledged to me that the signature above is his or her signature. The testator appears to me to be of sound mind and not under undue influence.

Signature _____

Print Name Here _____

Residence Address _____

Date Signed _____

CHAPTER 10
FORM 4: SELF-PROVING AFFIDAVIT

FORM CAN HELP WITH LATER LEGAL WORK WITH USING A WILL LATER

This form can help with later legal work involved with using a Will after a death. This form must be completed in front of a person who is a notary. This is a statutory form found in state law for people to use if wanted. But as explained below this form is not required to have a valid Will and is often skipped.

HELPS LATER SHOW WILL WAS PROPERLY SIGNED BUT IS OFTEN SKIPPED

The Self-Proving Affidavit when trying to use a Will after a death can help prove it was properly signed. Without this more work may be needed later, like later a witness must say in court or do a writing describing how a Will was signed (or other proof). If this form is not done there is more risk a Will is not followed later. But Wisconsin law at Wis. Stat. § 856.15(1) helpfully says the Will paragraph witnesses sign is enough proof to support and later use a Will unless after a death a person says a Will was improperly signed which is rare. Only 5 states have helpful laws like this. Of people doing Wills about half skip doing a Self-Proving Affidavit due to helpful Wisconsin law, due to the hassle of finding a notary each time a Will is done, and since it mostly just saves later minor work for people who are probably happy to do work to get things using a Will. Most attorneys recommend using a Self-Proving Affidavit form but this is not required to have a valid Will.

FORM IS DONE BY TESTATOR AND 2 WITNESSES SIGNING WITH A NOTARY

To complete the Self-Proving Affidavit form a person who is a notary (also called “notary public”) must see form signed by Testator and the 2 witnesses to the Will signing, and then the notary notarizes the form. The form is often done within minutes of when a Will is signed but it also can be done any time later (even months later) when Testator and 2 witnesses can meet a notary. Once done the Self-Proving Affidavit is often kept with the Will it supports.

SELF–PROVING AFFIDAVIT

Wisconsin Statutes, Section 853.04

State of _____

County of _____

We, _____, _____, and _____, the Testator and the witnesses whose names are signed to the foregoing instrument, being first duly sworn, do declare to the undersigned authority all of the following:

1. The Testator executed the instrument as his or her will.
2. The Testator signed willingly, or willingly directed another to sign for him or her.
3. The Testator executed the will as a free and voluntary act.
4. Each of the witnesses, in the conscious presence of the Testator, signed the will as witness.
5. To the best of the knowledge of each witness, the Testator was, at the time of execution, 18 years of age or older, of sound mind and under no constraint or undue influence.

Testator: _____

Witness: _____

Witness: _____

Subscribed and sworn to before me by _____, the Testator, and by _____, and _____, witnesses, this __ day of _____, 20 __.

(Seal)

(Signed): _____

(Official capacity of officer): _____

CHAPTER 11
FORM 5: TANGIBLE PERSONAL PROPERTY LIST

LETS GIFTS OF PROPERTY BE EASILY WRITTEN OUT

This form lets people write in a short document some gifts of property they want to occur at their death.

FORM GIVES EASY QUICK WAY TO WRITE MORE GIFTS

Wisconsin law lets a person do a writing to say gifts of tangible property the person wants to happen at their death. This document is often called a "Memorandum" or a "List". To use such a List it just must be signed and dated, and a Will must say this is allowed (all this book's Will forms say this). If a List and Will specifically gift the same item then by law the Will is followed for that item. People can change parts of Lists by crossing out, erasing, or adding words, but then people should write a new date and signature. People can do many List pages over time and all can count and the most recent List controls any conflicts, but to reduce risk of confusion some people may want to re-write it all in 1 long document with one date. To reduce delay Wisconsin law says a List not later found within 30 days of when probate is started and a Personal Representative is appointed might not be followed.

FORM CAN ONLY GIFT "TANGIBLE PERSONAL PROPERTY"

By law a List form can only gift "tangible personal property", so only tangible (touchable) things and not most accounts or investments (where ownership is tied to papers or some entity like a corporation or trust). A List can't gift real property (land or buildings). A List can't gift money, even if some coin or paper money are antiques. Though technically allowed most people don't put in a List a mobile home or property used in a trade or business. Most people use a List to gift furniture, clothes, cars, boats, jewelry, electronics, art, antiques, household tools, and similar items. Improper property written in a form is ignored.

TO COMPLETE A LIST A PERSON JUST SIGNS AND DATES IT

A List form just must be signed and dated by the person who is doing it. Once completed any List form pages are often kept with a Will. To cancel a List it can be thrown away or destroyed or just crossed out.

TANGIBLE PERSONAL PROPERTY LIST

This writing gives tangible personal property at my death as allowed by state law including Wisconsin Statutes § 853.32. I may do many pages like this which all should be followed with the more recently done page controlling any conflicts. If a person getting a gift below does not survive me that gift to them is canceled.

PROPERTY ITEMS **NAMES OF RECIPIENTS**

_____ to _____

_____ to _____

_____ to _____

_____ to _____

_____ to _____

_____ to _____

_____ to _____

_____ to _____

_____ to _____

_____ to _____

_____ to _____

_____ to _____

_____ to _____

_____ to _____

_____ to _____

_____ to _____

_____ to _____

_____ to _____

_____ to _____

DATE:_____ **SIGNED:**_____

CHAPTER 12
FORM 6: POWER OF ATTORNEY FOR HEALTH CARE

FORM LETS PERSON NAME HEALTH CARE AGENT AND GIVE INSTRUCTIONS

This popular form lets people name an Agent and give instructions to control health care if later needed. This form is from the Wisconsin Department Of Health Services (dhs.wisconsin.gov) and it is largely based on a statutory form found in law at Wis. Stat. § 155.30. Note, all the pages of the form should be kept together including the pages just with helpful information. People can fill out this form by hand, or people can find a version of this form at dhs.wisconsin.gov that can be filled in online.

FORM CAN NAME "AGENT" FOR HEALTH CARE AND GIVE INSTRUCTIONS

The form lets someone be named as "Health Care Agent" to control health care if later the person doing the form is incapacitated. This person is often called "Attorney-in-Fact' or just "Agent". Often named Agent is a spouse, adult child, relative, or friend. Naming a family member as Agent can avoid their need to rush to see a judge for more power. Health care workers usually shouldn't be Agent unless they're a family relative. Additional alternate persons can be named to act if others don't, but this is rarely needed and often skipped. The form has areas for instructions and picking a few options. But many people skip giving instructions and picking options since if what is said is not clear this can cause delay and legal problems, and most people trust their Agent or family to consider all factors and act wisely. Due to Wisconsin law a person must clearly indicate if they give power to an Agent to stop artificial feeding and water if Agent thinks this is best.

SIGN FORM WITH 2 WITNESSES

The form must be signed in front of 2 persons acting as witnesses at least age 18 who then sign too. Often used as a witness is a friend, worker at some business, or a stranger. The person doing the form can't use as a witness any worker at a place giving health care (except chaplains and social workers), someone financially obligated to care for the person, someone likely to benefit from death of person doing the form, someone named as Health Care Agent in a form, and not someone related to person doing form by blood, marriage, or adoption. Once it is done the form usually is quickly shown to all places that may give care to put in the person's medical file to follow. To cancel the form a person usually tells all places shown the form that it is now canceled. The form's last page has the "Statement Of Health Care Agent" and this can be done much later by the Agent. On this last page is something on Organ Donation, but most people who want this do it as part of their drivers license or state ID forms.

State of Wisconsin

Department of Health Services

Instructions to Complete the Power of Attorney for Health Care Form

To Whom It May Concern:

Enclosed is the Power of Attorney for Health Care form you requested. The Power of Attorney for Health Care form makes it possible for adults in Wisconsin to authorize other individuals (called health care agents) to make health care decisions on their behalf should they become incapacitated. It may also be used to make or refuse to make an anatomical gift (donation of all or part of the human body to take effect upon the death of the donor).

Be sure to read all six (6) pages of the form carefully and understand it before you complete and sign it. Talk with those you select as your health care agent and the alternate health care agent about your thoughts and beliefs about medical treatment. Neither the health care agent nor the alternate may be your health care provider, an employee of a health care facility in which you are a patient, or a spouse of any of those persons, unless he or she is also your relative.

Two witnesses are required. Witnesses must be at least 18 years of age, not related to you by blood, marriage, domestic partnership, or adoption, and not directly financially responsible for your health care. A witness cannot be a health care provider who is serving you at the time the document is signed or an employee of the health care provider unless the employee is a chaplain or social worker. A witness cannot be an employee of an inpatient health care facility in which you are a patient, unless the employee is a chaplain or social worker. A witness cannot be your health care agent nor have a claim on any portion of your estate. Valid witnesses acting in good faith are immune from civil or criminal liability.

An original signed form may be kept on file with your physician or other primary care provider. A signed Power of Attorney for Health Care form may also be kept in a safe, easily accessible place until needed. You should make relatives and friends aware that you have created a Power of Attorney for Health Care and the location where it is kept. Relatives and friends should also be told whom you select as the health care agent and the alternate. The document may, but is not required to be, filed for safekeeping, for a fee, with the Register in Probate of your county of residence. The fee for filing with the Register in Probate has been set by State Statute at $8.00. A Power of Attorney for Health Care that is an original signed form or is a legible photocopy or electronic facsimile copy is presumed to be valid. If you have both a Power of Attorney for Health Care and a Declaration to Physicians, the provisions of a valid Power of Attorney for Health Care supersede any directly conflicting provisions of a valid Declaration to Physicians.

One copy of the Power of Attorney for Health Care form is available free to anyone who sends a stamped, self-addressed, business-size envelope to: Power of Attorney, Division of Public Health, P.O. Box 2659, Madison, Wisconsin 53701-2659. You may make additional blank copies of the form you receive from the Division of Public Health. The form is also available on the Department of Health Services Web page, https://www.dhs.wisconsin.gov/forms/advdirectives/index.htm.

Definitions 'Department' means the Department of Health Services. 'Health Care' means any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition. 'Health care decision' means an informed decision in the exercise of the right to accept, maintain, discontinue, or refuse health care. 'Health care facility' means a facility, as defined in State Statute 647.01(4), or any hospital, nursing home, community-based residential facility, county home, county infirmary, county hospital, county mental health center, tuberculosis sanatorium or other place licensed or approved by the department under State Statutes 49.70, 49.71, 49.72, 50.02, 50.03, 50.35, 51.08, 51.09, 58.06, 252.073 or 252.076 or a facility under §§ 45.365, 51.05, 51.06, 233.40, 233.41. 233.42 or 252.10. 'Health care provider' means a nurse licensed or permitted under State Statute Chapter 441, a chiropractor licensed under Chapter 446, a dentist licensed under Chapter 447, a physician, podiatrist or physical therapist licensed or an occupational therapist or occupational therapy assistant certified under Chapter 448, a person practicing Christian Science treatment, an optometrist licensed under Chapter 449, a psychologist licensed under

Chapter 455, a partnership thereof, a corporation thereof that provides health care services, an operational cooperative sickness care plan organized under State Statute 185.981 to 185.985 that directly provides services through salaried employees in its own facility, or a home health agency, as defined in State Statute 50.49 (1) (a). 'Incapacity' means the inability to receive and evaluate information effectively or to communicate decisions to such an extent that the individual lacks the capacity to manage his or her health care decisions. 'Feeding tube' means a medical tube through which nutrition or hydration is administered into the vein, stomach, nose, mouth or other body opening of the declarant.

Who may sign a Power of Attorney for Health Care? An individual who is of sound mind and has attained age 18 may voluntarily execute a Power of Attorney for Health Care. An individual for whom an adjudication of incompetence and appointment of a guardian of the person is in effect under State Statute Chapter 54 is presumed not to be of sound mind.

Procedure for signing a Power of Attorney for Health Care The principal (person creating the Power of Attorney for Health Care) and the witnesses all must sign the form at the same time.

When does it take effect? Unless otherwise specified in the Power of Attorney for Health Care instrument (form), an individual's Power of Attorney for Health Care takes effect upon a finding of incapacity by 2 physicians, or a physician and a psychologist, as defined in State Statute 448.01 (5), or nurse practitioner, or physician assistant who personally examine the principal and sign a statement specifying that the principal has incapacity. Mere old age, eccentricity, or physical disability, either singly or together, is insufficient to make a finding of incapacity. Neither of the individuals who make a finding of incapacity may be a relative of the principal nor have knowledge that he or she is entitled to or has a claim on any portion of the principal's estate. A copy of the statement, if made, shall be appended to the Power of Attorney for Health Care instrument.

Revocation A principal may revoke his or her Power of Attorney for Health Care and invalidate the Power of Attorney for Health Care instrument at any time by doing any of the following: canceling, defacing, obliterating, burning, tearing or otherwise destroying the Power of Attorney for Health Care instrument or directing another in the presence of the principal to so destroy the Power of Attorney for Health Care instrument; executing a statement, in writing, that is signed and dated by the principal, expressing the principal's intent to revoke the Power of Attorney for Health Care; verbally expressing the principal's intent to revoke the Power of Attorney for Health Care in the presence of 2 witnesses; or, executing a subsequent Power of Attorney for Health Care instrument. The principal's health care provider shall, upon notification of revocation of the principal's Power of Attorney for Health Care instrument, record in the principal's medical record the time, date and place of the revocation and the time, date and place, if different, of the notification to the health care provider of the revocation.

Immunities No health care facility or health care provider may be charged with a crime, held civilly liable, or charged with unprofessional conduct for any of the following: certifying incapacity under State Statute 155.05 (2), if the certification is made in good faith based on a thorough examination of the principal; failing to comply with a Power of Attorney for Health Care instrument or the decision of a health care agent, except that failure of a physician to comply constitutes unprofessional conduct if the physician refuses or fails to make a good faith attempt to transfer the principal to another physician who will comply; complying, in the absence of actual knowledge of a revocation, with the terms of a Power of Attorney for Health Care instrument that is in compliance with Chapter 155; complying with the decision of a health care agent that is made under a Power of Attorney for Health Care that is in compliance with Chapter 155; acting contrary to or failing to act on a revocation of a Power of Attorney for Health Care, unless the health care facility or health care provider has actual knowledge of the revocation; or, failing to obtain the health care decision for a principal from the principal's health care agent, if the health care facility or health care provider has made a reasonable attempt to contact the health care agent and obtain the decision but has been unable to do so. No health care agent may be charged with a crime or held civilly liable for making a decision in good faith under a Power of Attorney for Health Care instrument that is in compliance with Chapter 155. No health care agent who is not the spouse of the principal may be held personally liable for any goods or services purchased or contracted for under a Power of Attorney for Health Care instrument.

General provisions The making of a health care decision on behalf of a principal under the principal's Power of Attorney for Health Care instrument does not, for any purpose, constitute suicide. No individual may be required to execute a Power of Attorney for Health Care as a condition for receipt of health care or admission to a health care facility. No insurer may refuse to pay for goods or services covered under a principal's insurance policy solely because the decision to use the goods or services was made by the principal's health care agent.

Important:
You must keep pages 1-6 of the form together as your executed document. Copies distributed to health care providers, etc. must include pages 1 - 6.

POWER OF ATTORNEY FOR HEALTH CARE DOCUMENT
NOTICE TO PERSON MAKING THIS DOCUMENT

You have the right to make decisions about your health care. No health care may be given to you over your objection, and necessary health care may not be stopped or withheld if you object.

Because your health care providers in some cases may not have had the opportunity to establish a long-term relationship with you, they are often unfamiliar with your beliefs and values and the details of your family relationships. This poses a problem if you become physically or mentally unable to make decisions about your health care.

In order to avoid this problem, you may sign this legal document to specify the person whom you want to make health care decisions for you if you are unable to make those decisions personally. That person is known as your health care agent. You should take some time to discuss your thoughts and beliefs about medical treatment with the person or persons whom you have specified. You may state in this document any types of health care that you do or do not desire, and you may limit the authority of your health care agent. If your health care agent is unaware of your desires with respect to a particular health care decision, he or she is required to determine what would be in your best interests in making the decision.

This is an important legal document. It gives your agent broad powers to make health care decisions for you. It revokes any prior power of attorney for health care that you may have made. If you wish to change your power of attorney for health care, you may revoke this document at any time by destroying it, by directing another person to destroy it in your presence, by signing a written and dated statement or by stating that it is revoked in the presence of two witnesses. If you revoke, you should notify your agent, health care provider(s), and any other person(s) to whom you have given a copy. If your agent is your spouse or your domestic partner, and your marriage is annulled or you are divorced or your domestic partnership is terminated after signing this document, the document is invalid.

You may also use this document to make or refuse to make an anatomical gift upon your death. If you use this document to make or refuse to make an anatomical gift, this document revokes any prior record of gift that you may have made. You may revoke or change any anatomical gift that you make by this document by crossing out the anatomical gifts provision in this document.

Do not sign this document unless you clearly understand it. It is suggested that you keep the original of this document on file with your physician or other primary care provider.

POWER OF ATTORNEY FOR HEALTH CARE

Document made this _____ day of _____ (month), _____ (year).

CREATION OF POWER OF ATTORNEY FOR HEALTH CARE

I, _____

_____

_____

_____

(print name, address, and date of birth),

being of sound mind, intend by this document to create a power of attorney for health care. My executing this power of attorney for health care is voluntary. Despite the creation of this power of attorney for health care, I expect to be fully informed about and allowed to participate in any health care decision for me, to the extent that I am able. For the purposes of this document, "health care decision" means an informed decision to accept, maintain, discontinue, or refuse any care, treatment, service, or procedure to maintain, diagnose, or treat my physical or mental condition.

In addition, I may, by this document, specify my wishes with respect to making an anatomical gift upon my death.

DESIGNATION OF HEALTH CARE AGENT

If I am no longer able to make health care decisions for myself, due to my incapacity,

I hereby designate _____

_____

(print name, address and telephone number) to be my health care agent for the purpose of making health care decisions on my behalf. If he or she is ever unable or unwilling to do so,

I hereby designate _____

_____

(print name, address and telephone number)

to be my alternate health care agent for the purpose of making health care decisions on my behalf. Neither my health care agent nor my alternate health care agent whom I have designated is my health care provider, an employee of my health care provider, an employee of a health care facility in which I am a patient or a spouse of any of those persons, unless he or she is also my relative. For purposes of this document, "incapacity" exists if 2 physicians or a physician and a psychologist, nurse practitioner, or physician assistant who have personally examined me sign a statement that specifically expresses their opinion that I have a condition that means that I am unable to receive and evaluate information effectively or to communicate decisions to such an extent that I lack the capacity to manage my health care decisions. A copy of that statement must be attached to this document.

GENERAL STATEMENT OF AUTHORITY GRANTED

Unless I have specified otherwise in this document, if I ever have incapacity I instruct my health care provider to obtain the health care decision of my health care agent, if I need treatment, for all of my health care and treatment. I have discussed my desires thoroughly with my health care agent and believe that he or she understands my philosophy regarding the health care decisions I would make if I were able. I desire that my wishes be carried out through the authority given to my health care agent under this document.

If I am unable, due to my incapacity, to make a health care decision, my health care agent is instructed to make the health care decision for me, but my health care agent should try to discuss with me any specific proposed health care if I am able to communicate in any manner, including by blinking my eyes. If this communication cannot be made, my health care agent shall base his or her decision on any health care choices that I have expressed prior to the time of the decision. If I have not expressed a health care choice about the health care in question and communication cannot be made, my health care agent shall base his or her health care decision on what he or she believes to be in my best interest.

LIMITATIONS ON MENTAL HEALTH TREATMENT

My health care agent may not admit or commit me on an inpatient basis to an institution for mental diseases, an intermediate care facility for the persons with intellectual disability, a state treatment facility, or a treatment facility. My health care agent may not consent to experimental mental health research or psychosurgery, electroconvulsive treatment or drastic mental health treatment procedures for me.

ADMISSION TO NURSING HOMES OR COMMUNITY-BASED RESIDENTIAL FACILITIES

My health care agent may admit me to a nursing home or community-based residential facility for short-term stays for recuperative care or respite care.

If I have checked "Yes" to the following, my health care agent may admit me for a purpose other than recuperative care or respite care, but if I have checked "No" to the following, my health care agent may not so admit me:

1. A nursing home Yes ☐ No ☐
2. A community-based residential facility Yes ☐ No ☐

If I have not checked either "Yes" or "No" immediately above, my health care agent may admit me only for short-term stays for recuperative care or respite care.

PROVISION OF FEEDING TUBE

If I have checked "Yes" to the following, my health care agent may have a feeding tube withheld or withdrawn from me, unless my physician, physician assistant, or nurse practioner has advised that, in his or her professional judgment, this will cause me pain or will reduce my comfort. If I have checked "No" to the following, my health care agent may not have a feeding tube withheld or withdrawn from me.

My health care agent may not have orally ingested nutrition or hydration withheld or withdrawn from me unless provision of the nutrition or hydration is medically contraindicated.

Withhold or withdraw a feeding tube Yes ☐ No ☐

If I have not checked either "Yes" or "No" immediately above, my health care agent may not have a feeding tube withdrawn from me.

HEALTH CARE DECISIONS FOR PREGNANT WOMEN

If I have checked "Yes" to the following, my health care agent may make health care decisions for me even if my agent knows I am pregnant. If I have checked "No" to the following, my health care agent may not make health care decisions for me if my health care agent knows I am pregnant.

Health care decision if I am pregnant Yes ☐ No ☐

If I have not checked either "Yes" or "No" immediately above, my health care agent may not make health care decisions for me if my health care agent knows I am pregnant.

STATEMENT OF DESIRES, SPECIAL PROVISIONS OR LIMITATIONS

In exercising authority under this document, my health care agent shall act consistently with my following stated desires, if any, and is subject to any special provisions or limitations that I specify. The following are any specific desires, provisions or limitations that I wish to state (add more items if needed):

1. _____

2. _____

3. _____

INSPECTION AND DISCLOSURE OF INFORMATION RELATING TO MY PHYSICAL OR MENTAL HEALTH

Subject to any limitations in this document, my health care agent has the authority to do all of the following:

a) Request, review, and receive any information, oral or written, regarding my physical or mental health, including medical and hospital records.
b) Execute on my behalf any documents that may be required in order to obtain this information.
c) Consent to the disclosure of this information.

(The principal and the witnesses all must sign the document at the same time.)

SIGNATURE OF PRINCIPAL

(Person creating the Power of Attorney for Health Care)

Signature _____ Date _____

(The signing of this document by the principal revokes all previous powers of attorney for health care documents.)

STATEMENT OF WITNESSES

I know the principal personally and I believe him or her to be of sound mind and at least 18 years of age. I believe that his or her execution of this power of attorney for health care is voluntary. I am at least 18 years of age, am not related to the principal by blood, marriage, domestic partnership, or adoption, and am not directly financially responsible for the principal's health care. I am not a health care provider who is serving the principal at this time, an employee of the health care provider, other than a chaplain or a social worker, or an employee, other than a chaplain or a social worker, of an inpatient health care facility in which the declarant is a patient. I am not the principal's health care agent. To the best of my knowledge, I am not entitled to and do not have a claim on the principal's estate.

Witness Number 1

(Print) Name _____ Date _____

Address _____

Signature _____

Witness Number 2

(Print) Name _____ Date _____

Address _____

Signature _____

STATEMENT OF HEALTH CARE AGENT AND ALTERNATE HEALTH CARE AGENT

I understand that _____ (name of principal) has designated me to be his or her health care agent or alternate health care agent if he or she is ever found to have incapacity and unable to make health care decisions himself or herself

_____(name of principal)

as discussed his or her desires regarding health care decisions with me.

Agent's Signature _____

Address _____

Alternate's Signature _____

Address _____

Failure to execute a power of attorney for health care document under chapter 155 of the Wisconsin Statutes creates no presumption about the intent of any individual with regard to his or her health care decisions. This power of attorney for health care is executed as provided in chapter 155 of the Wisconsin Statutes.

ANATOMICAL GIFTS (optional)
Upon my death:

☐ I wish to donate only the following organs or parts: (specify the organs or parts).

_____

_____

_____

☐ I wish to donate any needed organ or part.

☐ I wish to donate my body for anatomical study if needed.

☐ I refuse to make an anatomical gift. (If this revokes a prior commitment that I have made to make an anatomical gift to a designated donee, I will attempt to notify the donee to which or to whom I agreed to donate.)

Failing to check any of the lines immediately above creates no presumption about my desire to make or refuse to make an anatomical gift.

Signature _____ Date _____

CHAPTER 13
FORM 7: DECLARATION TO HEALTH CARE PROFESSIONALS (LIVING WILL)

IN FORM CAN SAY TO STOP HEALTH CARE IF LATER HEALTH GETS BAD

This form lets a person do serious act of saying stop health care if later doctors think it likely won't help. This form is mostly used inside hospitals or similar places. This form is from the Wisconsin Department Of Health Services (dhs.wisconsin.gov) and it is largely based on a statutory form found at Wis. Stat. § 154.03. Note, all the pages of the form should be kept together including the pages just with helpful information. People can fill out this form by hand or they can find a form at dhs.wisconsin.gov that can be filled in online.

CAN STOP MOST CARE IF LATER DOCTORS THINK PERSON WON'T RECOVER

This form lets a person say if they later are incapacitated and doctors think they are in a terminal condition (so will die soon) or permanent vegetative state (so won't regain consciousness) that then most health care should be stopped. In the form a person must specifically say if artificial feeding and water should still be provided. This form if done cannot usually be overruled by doctors, family, or other people. But most people skip doing this form since it is unpleasant to think about, it is rarely needed, and most people trust their Health Care Agent or their family to consider all factors and make wise decisions.

SIGN FORM WITH 2 WITNESSES

The form must be signed in front of 2 persons acting as witnesses at least age 18 who then sign too. The person doing the form can't use as a witness someone involved with a place giving health care to the person, someone financially obligated to care for the person, someone likely to benefit from death of person doing the form like in a Will, and not someone related to person doing form by blood, marriage, or adoption. Often used as a witness is a friend, worker at some business, or a stranger. Once it is completed the form usually is quickly shown to all places that may give health care to put in the person's medical file to follow. To cancel the form a person usually should clearly tell all places shown the form that it is now canceled.

State of Wisconsin

Department of Health Services

The Declaration to Health Care Professionals (Living Will) form makes it possible for adults in Wisconsin to state their preferences for life-sustaining procedures and feeding tubes in the event, the person is in a terminal condition or persistent vegetative state.

Be sure to read both sides of the form carefully, and understand before you complete and sign it.

The withholding or withdrawal of any medication, life-sustaining procedure or feeding tube may not be made if the attending physician, physician assistant, or advanced practice registered nurse advises that doing so will cause pain or reduce comfort, and the pain or discomfort cannot be alleviated through pain relief measures.

Two witnesses are required. Witnesses must be at least 18 years of age, not related to you by blood, marriage or adoption, and not directly financially responsible for your health care. Witnesses may not be persons who know they are entitled to or have a claim on any portion of your estate. A witness cannot be a health care provider who is serving you at the time the document is signed, an employee of the health care provider, other than a chaplain or a social worker, or an employee other than a chaplain or social worker of an inpatient health care facility in which you are a patient. Valid witnesses acting in good faith are immune from civil or criminal liability.

When you have completed and signed the form:

- The original signed form should be kept in a safe, easily accessible place until needed.
- You should make relatives and friends aware that you have signed the document and the location where it is kept.
- A copy of the signed form may be kept on file with your physician, physician assistant, or advanced practice registered nurse. You are responsible for notifying your attending physician, physician assistant, or advanced practice registered nurse of the existence of the Declaration. An attending physician, physician assistant or advanced practice registered nurse who is notified shall make the Declaration part of your medical records.
- The document may, but is not required to be, filed for safekeeping, for a fee, with the Register in Probate of your county of residence. The fee for filing with the Register in Probate has been set by State at $8.

A Declaration that is in its original form or is a legible photocopy or electronic facsimile copy is presumed to be valid.

If you have both a Declaration to Health Care Professionals and a Power of Attorney for Health Care, the provisions of a valid Power of Attorney for Health Care supersede any directly conflicting provisions of a valid Declaration to Health Care Professionals.

Up to four copies of the Declaration to Health Care Professionals are available free to anyone who sends a stamped, self-addressed, business-size envelope to Living Will, Division of Public Health, PO Box 2659, Madison, Wisconsin 53701-2659. You may make additional copies of the enclosed blank form. The form is also available on the Department of Health Services Web page https://www.dhs.wisconsin.gov/forms/advdirectives/index.htm.

INSTRUCTIONS FOR DECLARATION TO HEALTH CARE PROFESSIONALS FORM

Definitions

"Declaration" means a written, witnessed document voluntarily executed by the declarant under State Statute (1), but is not limited in form or substance to that provided in State Statute 154.03(2).

"Department" means the Department of Health Services.

"Feeding tube" means a medical tube through which nutrition or hydration is administered into the vein, stomach, nose, mouth or other body opening of a qualified patient.

"Terminal condition" means an incurable condition caused by injury or illness that reasonable medical judgment finds would cause death imminently, so that the application of life-sustaining procedures serves only to postpone the moment of death.

"Persistent vegetative state" means a condition that reasonable, medical judgment finds constitutes complete and irreversible loss of all the functions of the cerebral cortex and results in a complete, chronic and irreversible cessation of all cognitive functioning and consciousness and a complete lack of behavioral responses that indicate cognitive functioning, although autonomic functions continue.

"Qualified patient" means a declarant who has been diagnosed, and certified in writing to be afflicted with a terminal condition or to be in a persistent vegetative state by two health care professionals and one of whom is a physician, who have personally examined the declarant.

"Attending health care professional" means a health care professional who has primary responsibility for the treatment and care of the patient.

"Advanced practice registered nurse" means a nurse licensed under ch. 154 who is currently certified by a national certifying body approved by the board of nursing as a nurse practitioner, certified midwife, certified registered nurse anesthetist, or clinical nurse specialist.

"Health care professional" means any of the following: a physician licensed under ch. 154, a physician assistant licensed under ch. 154, or an advanced practice registered nurse.

"Inpatient health care facility" has the meaning provided under State Statute 50.135(1) and includes community-based residential facilities as defined in State Statute 50.01(1g).

"Life-sustaining procedure" means any medical procedure or intervention that, in the judgment of the attending health care professional, would serve only to prolong the dying process but not avert death when applied to a qualified patient.

"Life-sustaining procedure" includes assistance in respiration, artificial maintenance of blood pressure and heart rate, blood transfusion, kidney dialysis and other similar procedures, but does not include (a) the alleviation of pain by administering medication or by performing a medical procedure; or (b) the provision of nutrition or hydration.

Procedures for Signing Declarations

A Declaration must be signed by the declarant in the presence of two witnesses. If the declarant is physically unable to sign a Declaration, the Declaration must be signed in the declarant's name by one of the witnesses or some other person at the declarant's express direction and in his or her presence; such a proxy signing shall either take place or be acknowledged by the declarant in the presence of two witnesses.

Effect of Declaration

The desires of a qualified patient who is competent supersede the effect of the Declaration at all times. If a qualified patient is incompetent at the time of the decision to withhold or withdraw life-sustaining procedures or feeding tubes, a Declaration executed under this chapter is presumed to be valid.

Revocation of Declaration

A Declaration may be revoked at any time by the declarant by any of the following methods:

1) By being canceled, defaced, obliterated, burned, torn or otherwise destroyed by the declarant or by some person who is directed by the declarant and who acts in the presence of the declarant.
2) By a written revocation, signed and dated by the declarant expressing the intent to revoke.
3) By a verbal expression by the declarant of his or her intent to revoke the Declaration, but only if the declarant or a person acting on behalf of the declarant notifies the attending physician, physician assistant, or advanced practice registered nurse of the revocation.
4) By executing a subsequent Declaration.

The attending physician, physician assistant, or advanced practice registered nurse shall record in the declarant's medical records the time, date and place of the revocation and time, date and place, if different, that he or she was notified of the revocation.

Liabilities

No physician, physician assistant, or advanced practice registered nurse, inpatient health care facility or health care professional acting under direction of a physician, physician assistant, or advanced practice registered nurse may be held criminally or civilly liable, or charged with unprofessional conduct of any of the following:

1) Participating in the withholding or withdrawal of life-sustaining procedures or feeding tubes under Ch. 154, subchapter II.
2) Failing to act upon a revocation unless the person or facility has actual knowledge of the revocation.
3) Failing to comply with a Declaration, except that failure by a physician, physician assistant, or advanced practice registered nurse to comply with a Declaration of a qualified patient constitutes unprofessional conduct if the physician, physician assistant, or advanced practice registered nurse refuses or fails to make a good faith attempt to transfer the patient to another physician, physician assistant, or advanced practice registered nurse who will comply with the Declaration.

PLEASE BE SURE YOU READ THE FORM CAREFULLY AND UNDERSTAND IT BEFORE YOU COMPLETE AND SIGN IT

DECLARATION TO HEALTH CARE PROFESSIONALS (WISCONSIN LIVING WILL)

I, _____

being of sound mind, voluntarily state my desire that my dying not be prolonged under the circumstances specified in this document. Under those circumstances, I direct that I be permitted to die naturally. If I am unable to give directions regarding the use of life-sustaining procedures or feeding tubes, I intend that my family and physician, physician assistant or advanced practice registered nurse, honor this document as the final expression of my legal right to refuse medical or surgical treatment.

1. If I have a **TERMINAL CONDITION**, as determined by a physician, physician assistant, or advanced practice registered nurse, who have personally examined me, and if a physician who has also personally examined me agrees with that determination, I do not want my dying to be artificially prolonged and I do not want life-sustaining procedures to be used. In addition, the following are my directions regarding the use of feeding tubes:

   ☐ YES, I want feeding tubes used if I have a terminal condition.

   ☐ NO, I do not want feeding tubes used if I have a terminal condition.

   If you have not checked either box, feeding tubes will be used.

2. If I am in a **PERSISTENT VEGETATIVE STATE**, as determined by a physician, physician assistant, or advanced practice registered nurse who have personally examined me, and if a physician who has also personally examined me agrees with that determination, the following are my directions regarding the use of life-sustaining procedures:

   ☐ YES, I want life-sustaining procedures used if I am in a persistent vegetative state.

   ☐ NO, I do not want life-sustaining procedures used if I am in a persistent vegetative state.

   If you have not checked either box, life-sustaining procedures will be used.

3. If I am in a **PERSISTENT VEGETATIVE STATE**, as determined by a physician, physician assistant, or advanced practice registered nurse who has personally examined me, and if a physician who has also personally examined me agrees with that determination, the following are my directions regarding the use of feeding tubes:

   ☐ YES, I want feeding tubes used if I am in a persistent vegetative state.

   ☐ NO, I do not want feeding tubes used if I am in a persistent vegetative state.

   If you have not checked either box, feeding tubes will be used.

If you are interested in more information about the significant terms used in this document, see section 154.01 of the Wisconsin Statutes or the information accompanying this document.

ATTENTION: You and the 2 witnesses must sign the document at the same time.

Signed_____ **Date**_____

Address_____ **Date of Birth**_____

I believe that the person signing this document is of sound mind. I am an adult and am not related to the person signing this document by blood, marriage or adoption. I am not entitled to and do not have a claim on any portion of the person's estate and am not otherwise restricted by law from being a witness.

Witness **Signature**_____ **Date Signed**_____

Print Name_____

Witness **Signature**_____ **Date Signed** _____

Print Name_____

DIRECTIVES TO ATTENDING PHYSICIAN, PHYSICIAN ASSISTANT, OR ADVANCED PRACTICE REGISTERED NURSE

1. This document authorizes the withholding or withdrawal of life-sustaining procedures or of feeding tubes when a physician and another physician, physician assistant, or advanced practice registered nurse, one of whom is the attending health care professional, have personally examined and certified in writing that the patient has a terminal condition or is in a persistent vegetative state.

2. The choices in this document were made by a competent adult. Under the law, the patient's stated desires must be followed unless you believe that withholding or withdrawing life-sustaining procedures or feeding tubes would cause the patient pain or reduced comfort and that the pain or discomfort cannot be alleviated through pain relief measures. If the patient's stated desires are that life-sustaining procedures or feeding tubes be used, this directive must be followed.

3. If you feel that you cannot comply with this document, you must make a good faith attempt to transfer the patient to another physician, physician assistant, or advanced practice registered nurse who will comply. Refusal or failure to make a good faith attempt to do so constitutes unprofessional conduct.

4. If you know that the patient is pregnant, this document has no effect during her pregnancy.

* * * * *

The person making this living will may use the following space to record the names of those individuals and health care providers to whom he or she has given copies of this document:

CHAPTER 14
FORM 8: DO NOT RESUSCITATE ORDER

FORM LETS PERSON IMMEDIATELY SAY TO NOT TRY RESUSCITATION

The Do Not Resuscitate Order form, often called the "DNR" form, lets a person do serious act of saying immediately from now on do not try to resuscitate a person. This instruction is short so it can be read fast like by paramedics and be used outside hospitals or similar places, but it can be used in these places too.

FORM SAYS TO IMMEDIATELY NO LONGER TRY RESUSCITATION LIKE C.P.R.

In the form a person can say starting immediately from now on no longer try to resuscitate by trying to help the heart or breathing. Mostly this means cardio-pulmonary resuscitation (C.P.R.) won't be tried (this is forcing air into the mouth and chest compressions) and also electric shocks to the heart won't be tried. This also means some machines to help with the heart and breathing won't be used. A person with still thinking fine can cancel things, like by saying this to doctors or not letting paramedics know about the DNR. But this form is rarely done and usually only people with a terminal condition or similar serious situation do this, and Wisconsin law requires a person's doctor agree a person's health is very bad. A doctor or similar medical professional must sign the form and they can explain things. Note, instead of this form the similar "Provider Order for Life-Sustaining Treatment" or "Provider Orders for Scope of Treatment" forms are being used more in hospitals or similar places since they cover more than just resuscitation.

DOCTOR AND PERSON SIGN THE FORM AND THEN BRACELET IS USED

The form must be signed by a doctor or similar health professional, and by person doing the form or someone with authority to act for them. Once a DNR is approved places that may give health care usually should be told, and a person also usually wears a "DNR bracelet" to let other people know (like paramedics). People from a doctor can get a free paper bracelet or people can pay for a metal bracelet from the StickyJ Medical Company of Seminole, Florida which Wisconsin picked to do this (see below 2 images of bracelets). People usually try to wear a DNR bracelet or keep it near them, like on a bedside table or on a refrigerator. To cancel a Do Not Resuscitation Order a person just has to say this and usually tell places it's canceled.

DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH
F-44763 (11/2022)

STATE OF WISCONSIN
Wis. Stat. ch. 154
PO Box 2659
Madison, WI 53701-2659
608-266-1568

EMERGENCY CARE
DO NOT RESUSCITATE ORDER (DNR)

(See page 2 for Background Information and Instructions on how to complete this form)

Only the Do Not Resuscitate (DNR) bracelet identifies to the Emergency Medical Service Responders that you are DNR. This form cannot be used to communicate your wishes to Responders. This form is a legal document and is used to request a DNR bracelet by the attending health care professional on the patient's behalf. This form also provides specific care instructions for health care providers responding to emergency calls. If this form is appropriately completed, emergency personnel should limit care as outlined.

The patient and the legal guardian or health care agent of an incapacitated patient have the right to revoke these restrictions on care at any time.

Emergency provider as appropriate will provide:	Emergency provider will NOT:
• Clear airway • Administer oxygen • Position for comfort • Splint • Control bleeding • Provide pain medication • Provide emotional support • Contact hospice or home health agency if either has been involved in patient's care, or patients attending health care professional	• Perform chest compressions • Insert advanced airways • Administer cardiac resuscitation drugs • Provide ventilator assistance • Defibrillate

☐ Male ☐ Female _____ _____
Print Patient Name Date of Birth

_____
Patient's Address City State Zip Code

I / patient, legal guardian or health care agent understand this document identifies the level of care to be rendered to the patient by an emergency medical technician, first responder, or emergency health care facility personnel in situations where death may be imminent. I / patient, legal guardian or health care provider make this request knowingly and am aware of the alternatives as explained to by the attending health care professional. I / patient, legal guardian or health care agent expressly release all persons who will in the future provide medical care of any and all liability whatsoever for acting in accordance with this request.

I / patient, legal guardian or health care agent is aware that this order can be revoked at any time by removing or defacing the identification bracelet or by requesting resuscitation.

_____ _____
SIGNATURE - Patient or Legal Guardian or Health Care Agent of an incapacitated patient (Circle title of who is signing this request) Date Signed

_____ _____
Print Name of Attending Health Care Professional Phone Number

_____ _____
SIGNATURE — Attending Health Care Professional Date Signed

THE ABOVE SIGNATURES AND DATES ARE REQUIRED FOR THIS ORDER TO BE VALID AND ITS INTENT CARRIED OUT.
Please do not mail your DNR orders to Wisconsin Department of Health Services, Division of Public Health.
You should keep a copy for your own records and a copy should be in your medical files at your primary care physician's office.

BACKGROUND INFORMATION AND INSTRUCTIONS FOR COMPLETING DO NOT RESUSCITATE (DNR) ORDER

I BACKGROUND INFORMATION

Cardiopulmonary resuscitation (CPR) is a procedure used after cardiac arrest in which cardiac massage, drugs, and artificial ventilation are used to restore breathing and circulation. It is standard medical practice to perform CPR on all persons found to be in cardiac or respiratory arrest in the absence of directives from an attending health care professional to withhold such action. However, patients may legally and ethically decline these treatments. The DNR order is used to implement the decision that CPR is not to be performed. This decision to limit CPR rests with the attending health care professional and his/her qualified patient, legal guardian, or health care agent as described in Chapter 154, Subchapter III of the Wisconsin Statutes. A qualified patient means a person who is at least 18 years old and to whom any of the following conditions applies:

1. The person has a terminal medical condition.
2. The person has a medical condition that if the person were to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful in restoring cardiac or respiratory function or the person would experience repeated cardiac or pulmonary failure within a short period before death occurs.
3. The person has a medical condition that if the person were to suffer cardiac or pulmonary failure, resuscitation of that person would cause significant physical pain or harm that would outweigh the possibility that resuscitation would successfully restore cardiac or respiratory function for an indefinite period.

The bracelet is intended to communicate the existence of a "Do Not Resuscitate" order to the emergency medical personnel who may be summoned in the event of an emergency. In addition, it provides guidelines for comfort and supportive care short of CPR that may be administered by emergency personnel.

II GUIDELINES FOR COMPLETING FORM, ORDERING PLASTIC BRACELET, METAL BRACELET

After discussing treatment options the patient or the legal guardian or health care agent of the incapacitated patient, complete the DNR order, F-44763. The types of care to be rendered and withheld should be carefully explained to the patient, legal guardian or health care agent, and family members by the attending health care professional or the attending health care professional's designee before the form is signed. After the form is completed and signed, the attending health care professional or designee shall either affix the "Do Not Resuscitate" plastic bracelet to the patient's wrist or order a metal bracelet from StickyJ Medical ID Jewelry. This decision must be documented in the patient's medical record. It is recommended that this documentation include:

1. The rationale for the decision including, **qualifying medical condition**
2. The presence or absence of decision making capacity on the part of the patient

Two dated signatures are required for this document to be valid and its intent carried out.

1. Patient, legal guardian, or health care agent's signature and date signed
2. Attending health care professional's signature and date signed by physician

The metal bracelet includes an emblem that displays an internationally recognized symbol "Staff of Aesculapius" along with the words "Wisconsin Do-Not-Resuscitate-EMS, and the qualified patient's first and last name on the back. Wisconsin DNR residents may provide StickyJ Medical ID Jewelry with other important health information to be engraved on the back of the bracelet at the time of ordering.

To order a metal bracelet include the following:

1. **A copy of the Wisconsin DNR form: signed by the attending health care professional and the patient, legal guardian or health care agent. The patient should receive a copy of the DNR Order Form. An original signed form or a legible photocopy or electronic facsimile is presumed to be valid.**
2. **Copy of the completed StickyJ Medical ID Jewelry order form**
   https://stickyj-medical-id-bracelets.azureedge.net/pdf/Wisconsin_DNR_Order_Form_Rev_9-8-22.pdf
3. **Payment made out to StickyJ Medical ID Jewelry.**
4. **Mail to: StickyJ Medical ID Jewelry,** 10801 Endeavor Way Unit B, Seminole FL 33777.

III REVOKING AN EXISTING DNR ORDER

The patient, legal guardian or health care agent can revoke the DNR order by any of the following methods:

1. The patient, legal guardian or health care agent expresses to emergency personnel the desire that the patient be resuscitated.
2. The patient, legal guardian or health care agent defaces, or otherwise destroys the DNR bracelet.
3. The patient, legal guardian, or health care agent removes the DNR bracelet or another person, at the request of the patient, legal guardian, or health care agent removes the DNR bracelet.

The DNR order (and copies) should be torn up and the patient's attending health care professional should be notified of the revocation. Only the patient, legal guardian or health care agent may revoke an order issued under Chapter 154 Wisconsin Status. The DNR order is NOT revoked when an ambulance is called. Ambulance personnel will honor the DNR and will provide comfort care only.

CHAPTER 15
FORM 9: STATUTORY POWER OF ATTORNEY FOR FINANCES AND PROPERTY

FORM LETS PERSON IN LIFE GIVE POWER TO SOMEONE OVER THINGS

This form lets a person during life give power to someone trusted over property, money, and other things. This form is from the Wisconsin Department Of Health Services (dhs.wisconsin.gov) and it is largely based on a statutory form found at Wis. Stat. § 244.61. Note, all the pages of the form should be kept together. People can fill out this form by hand or they can find a form at dhs.wisconsin.gov that can be filled in online.

FORM GIVES POWER TO LET SOMEONE CONTROL PROPERTY AND MONEY

The form lets a person give power to someone trusted over money, property, records, and other things. The person giving power is called the "Principal" and person getting power "Agent" (or "Attorney-in-Fact") who is often a spouse, relative, or friend. A "Successor Agent" can be named just in case needed but this is rare and most people skip this. This form can let someone help if a person is sick, busy, or away. This form may avoid need for more serious legal action. An Agent might do helpful things for a person like use funds in their accounts, pay bills, buy/sell items, sign contracts, hire workers, borrow, get records, take legal actions, file taxes, and handle insurance. A person not incapacitated can overrule or fire the Agent. The form is "durable" so it isn't affected by later disability or incapacity of Principal till they die. Agent when signing should be like, for example: "Luke Ian Smith by Ann Sue Hart as Agent using a Power of Attorney".

IN THE FORM CAN PICK POWERS TO GIVE AND WRITE INSTRUCTIONS

In the form a person can show which powers they want to give by initialing some boxes in the form. But often people give most or all powers since a bank or other place may refuse to follow instructions if the Agent's power is not clear. Instructions for an Agent can be added but this is often skipped to not risk things being unclear. In the form just in case it's later needed a person can say who'd they like as their Guardian.

DUE TO RISKS INCLUDING FRAUD MANY SKIP FORM OR CONSULT A LAWYER

Many people skip the form or first see a lawyer. Using this form is risky and can lead to harm since the Agent can buy unneeded or costly items, commit fraud or similar, or by carelessness allow other harms. Agents have a duty to act reasonably for Principal but may be out of money later so can't pay for any losses. Usually banks or others can't be blamed for obeying an Agent. The law is complex and basic acts may be fine like paying bills, getting records, or moving funds around, but some acts may be improper like making gifts, risky investments, or doing unusual things. It is best if a person not their Agent does anything unusual.

PERSON SIGNS FORM IN FRONT OF A NOTARY

The form must be signed by the person doing the form in front of a notary who then notarizes the form. Once done some cautious people quickly show it to banks and other places to clearly say to follow it later. Usually the form is given to the person named as Agent to hold and use if needed. To cancel the form a person usually takes back copies from the Agent and maybe tells places that saw the form it is canceled. Note, in the form the pages marked at page bottoms as 1, 2, 3 and 4 are really the main parts that do things, and later parts are just explanation about the form or parts that can be signed much later when needed.

State of Wisconsin
Department of Health Services

This Power of Attorney for Finances form allows you to plan for future financial decision-making even if you are unable to make your own decisions. More information is available to assist you in filling out this form[1]. This form is not the answer for everyone. Only select someone you trust to be your agent. You may wish to consult with an attorney to explore other financial planning tools such as a Power of Attorney for Finances drafted by an attorney, or special accounts or trusts.

This is an important legal document. Do not sign it until you, and your chosen agent, understand the powers being granted. By signing this document, you are not giving up any powers or rights to control your finances or property. Instead, you are giving your agent, in addition to yourself, the authority to handle your finances and property. While it is not required that you sign this document in the presence of a notary, acknowledged signatures create a lawful presumption of genuineness and will be more easily accepted by businesses and financial institutions.

This document is effective immediately when executed unless you state a future date or occurrence that will activate the powers expressed in this form.

This Power of Attorney for Finances is "durable" (does not terminate upon the principal's incapacity) unless you specifically state that it terminates if you become incapacitated.

If you name your spouse or domestic partner as your agent and the marriage or domestic partnership is terminated (annulment or divorce), this document becomes invalid unless the special instructions in this document state that such an action will not terminate the authority given to the agent.

If you used a former state Power of Attorney for Finances form, that form is still valid. Executing a new Power of Attorney for Finances does not, automatically, revoke a prior document.

If you wish to change this Power of Attorney for Finances in the future, you must complete a new document and revoke this one. You may revoke this document at any time; a suggested method is a written and dated statement expressing your intent to revoke this document. If you revoke this document, you should notify your agent and any other persons or entities that have a copy.

In general, an agent who is not the principal's spouse or domestic partner may not use the principal's property for the benefit of the agent or a person to whom the agent owes an obligation of support. Gifting to others is also generally not allowed[2].

Your agent is entitled to reasonable compensation unless you state otherwise in the special instructions. This document does not give your agent the power to make medical, long-term care or other health care decisions for you.

Once your Power of Attorney for Finances form is completed and signed, send a copy of this document to your financial contacts (e.g. your bank, stockbroker, mortgage company, insurance agent, etc.) Give a copy to your agent and alternate agents as well as to trustworthy family members and/or to your attorney. Finally place a copy in a safe place in your home along with a list of who has a copy of the document.

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[1] Greater Wisconsin Agency on Aging Resoures: Guardianship Support Center (www.gwaar.org)
[2] For more information on gifting, see Wis. Stats. §244.57

WISCONSIN STATUTORY POWER OF ATTORNEY FOR FINANCES AND PROPERTY

IMPORTANT INFORMATION

This Power of Attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes.

This Power of Attorney does not authorize the agent to make health-care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the Power of Attorney or the agent resigns or is unable to act for you.

Recording Area ↑

Name and Return Address

Parcel Identification Number (if any)

Your agent is entitled to reasonable compensation unless you state otherwise in the special instructions.

This form provides for designation of one agent. If you wish to name more than one agent, you may name a co-agent in the special instructions. Co-agents are not required to act together unless you include that requirement in the special instructions.

If your agent is unable or unwilling to act for you, your Power of Attorney will end unless you have named a successor agent. You may also name a 2nd successor agent.

This Power of Attorney becomes effective immediately unless you state otherwise in the special instructions. This Power of Attorney does not revoke any Power of Attorney executed previously unless you so provide in the special instructions.

If you revoke this Power of Attorney, you should notify your agent and any other person to whom you have given a copy. If your agent is your spouse or domestic partner and your marriage is annulled or you are divorced or legally separated or the domestic partnership is terminated after signing this document, the document is invalid.

If you have questions about the Power of Attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, _____ (name of principal), name the following person as my agent:

Name of agent: _____

Agent's address: _____

Agent's telephone number: _____

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of successor agent: _____

Successor agent's address: _____

Successor agent's telephone number: _____

If my successor agent is unable or unwilling to act for me, I name as my 2nd successor agent:

Name of 2nd successor agent: _____

Second successor agent's address: _____

Second successor agent's telephone number: _____

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined (see Appendix) in the Uniform Power of Attorney for Finances and Property Act in chapter 244 of the Wisconsin statutes:

(INITIAL each subject you want to include in the agent's general authority.)

	Real property
	Tangible personal property
	Digital property
	Stocks and bonds
	Commodities and options
	Banks and other financial institutions
	Operation of entity or business
	Insurance and annuities
	Estates, trusts, and other beneficial interests
	Claims and litigation
	Personal and family maintenance
	Benefits from governmental programs or civil or military service
	Retirement plans
	Taxes

LIMITATION ON AGENT'S AUTHORITY

An agent who is not my spouse or domestic partner MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the special instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions in the following space

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the special instructions.

NOMINATION OF GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of nominee for guardian of my estate: _____

Nominee's address: _____

Nominee's telephone number: _____

Name of nominee for guardian of my person: _____

Nominee's address: _____

Nominee's telephone number: _____

RELIANCE ON THIS POWER OF ATTORNEY FOR FINANCES AND PROPERTY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows that the power of attorney has been terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Your signature _____ Date _____

Your name printed _____

Your address: _____

Your telephone number: _____

State of: _____ County of: _____

This document was acknowledged before me on

Date _____ by name of principal _____

(Seal, if any)

Signature of notary _____

Name of notary (typed or printed) _____

My commission expires: _____

This document prepared by: _____

IMPORTANT INFORMATION FOR AGENT

AGENT'S DUTIES

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the Power of Attorney is terminated or revoked. You must do all the following:

(1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest.

(2) Act in good faith.

(3) Do nothing beyond the authority granted in this Power of Attorney.

(4) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner: _____

(principal's name) by _____ (your signature) as agent

Unless the special instructions in the Power of Attorney state otherwise, you must also do all the following:

(1) Act loyally for the principal's benefit.

(2) Avoid conflicts that would impair your ability to act in the principal's best interest.

(3) Act with care, competence, and diligence.

(4) Keep a record of all receipts, disbursements, and transactions made on behalf of the principal.

(5) Cooperate with any person that has authority to make health-care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest.

(6) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

TERMINATION OF AGENT'S AUTHORITY

You must stop acting on behalf of the principal if you learn of any event that terminates this Power of Attorney or your authority under this Power of Attorney. Events that terminate a Power of Attorney or your authority to act under a Power of Attorney include all the following:

(1) Death of the principal

(2) The principal's revocation of the Power of Attorney or your authority.

(3) The occurrence of a termination event stated in the Power of Attorney.

(4) The purpose of the Power of Attorney is fully accomplished.

(5) If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the special instructions in this Power of Attorney state that such an action will not terminate your authority.

(6) If you are the principal's domestic partner and your domestic partnership is terminated, unless the special instructions in this Power of Attorney state that such an action will not terminate your authority.

LIABILITY OF AGENT

The meaning of the authority granted to you is defined in the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes. If you violate the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

OPTIONAL SIGNATURE OF AGENT

I have read and accept the duties and liabilities of the agent as specified in this Power of Attorney.

Agent's signature _____ Date _____

Attached:

(1) Agent's certification as to the validity of Power of Attorney for Finances and Property and agent's authority (Optional).
(2) Appendix: Power of Attorney for Finances and Property Statutory Authority Definitions (Optional).

The following optional form may be used by an agent to certify facts concerning a power of attorney for finances and property:

AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY FOR FINANCES AND PROPERTY AND AGENT'S AUTHORITY

State of: _____

County of: _____

I, _____ (name of agent), certify under penalty of perjury that

_____ (name of principal) granted me authority as an agent or

successor agent in a power of attorney dated _____ .

I further certify that to my knowledge:

(1) The principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney, and the power of attorney and my authority to act under the power of attorney have not terminated.

(2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred.

(3) If I was named as a successor agent, the prior agent is no longer able or willing to serve.

(4) _____

(insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT

Agent's signature _____ Date _____

Agent's name printed _____

Agent's address: _____

Agent's telephone number: _____

State of: _____ County of: _____

This document was acknowledged before me on

Date _____ by (name of agent) _____

(Seal, if any)

Signature of notary _____

Name of notary (typed or printed) _____

My commission expires: _____

This document prepared by: _____

244.44 Real property. Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to real property authorizes the agent to do all of the following:

(1) Demand, buy, lease, receive, accept as a gift or as security for an extension of credit, or otherwise acquire or reject an interest in real property or a right incident to real property.

(2) Sell; exchange; convey with or without covenants, representations, or warranties; quit claim; release; surrender; retain title for security; encumber; partition; consent to partitioning; subject to an easement or covenant; subdivide; apply for zoning or other governmental permits; plat or consent to platting; develop; grant an option concerning; lease; sublease; contribute to an entity in exchange for an interest in that entity; or otherwise grant or dispose of an interest in real property or a right incident to real property.

(3) Pledge or mortgage an interest in real property or right incident to real property as security to borrow money or pay, renew, or extend the time of payment of a debt of the principal or a debt guaranteed by the principal.

(4) Release, assign, satisfy, or enforce by any lawful means a mortgage, deed of trust, conditional sale contract, encumbrance, lien, or other claim to real property which exists or is asserted.

(5) Manage or conserve an interest in real property or a right incident to real property owned or claimed to be owned by the principal, including by doing any of the following:

(a) Insuring against liability or casualty or other loss.

(b) Obtaining or regaining possession of or protecting the interest or right by litigation or otherwise.

(c) Paying, assessing, compromising, or contesting taxes or assessments or applying for and receiving refunds in connection with taxes or assessments.

(d) Purchasing supplies, hiring assistance or labor, and making repairs or alterations to the real

(6) Use, develop, alter, replace, remove, erect, or install structures or other improvements upon real property in or incident to which the principal has, or claims to have, an interest or right.

(7) Participate in a reorganization with respect to real property or an entity that owns an interest in or right incident to real property and receive, hold, and act with respect to stocks and bonds or other property received in a plan of reorganization, including by doing any of the following:

(a) Selling or otherwise disposing of the stocks, bonds, or property.

(b) Exercising or selling an option, right of conversion, or similar right with respect to the stocks, bonds, or property.

(c) Exercising any voting rights in person or by proxy.

(8) Change the form of title of an interest in or right incident to real property.

(9) Dedicate to public use, with or without consideration, easements or other real property in which the principal has, or claims to have, an interest.

244.445 Digital property. Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to digital property authorizes the agent, subject to s. 711.06 (1), to do all of the following:

(1) Find, access, manage, protect, distribute, dispose of, transfer, transfer ownership rights in, or otherwise control digital devices, and any digital property stored thereon, with digital devices to include desktop, laptops, tablets, peripherals, storage devices, mobile telephones, smartphones, and any similar digital device, either currently in existence or that may exist as technology develops.

(2) Access, manage, distribute, delete, terminate, transfer, transfer ownership rights in, or otherwise control digital accounts, other than the content of electronic communications, as defined in s. 711.03 (6), with digital accounts to include bank or other financial institution accounts, electronic mail accounts, blogs, software licenses, social network accounts, social media accounts, file-sharing and storage accounts, financial management accounts, domain registration accounts, domain name service accounts, Web hosting accounts, tax preparation service accounts, online store accounts, and affiliated programs currently in existence or that may exist as technology develops.

(3) Access, manage, distribute, delete, transfer, transfer ownership rights in, or otherwise control any digital property the principal may own or otherwise possess rights to, other than the content of electronic

communications, as defined in s. 711.03 (6), regardless of the ownership of the digital device on which the digital property is stored or the ownership of the digital account within which the digital property is stored.

244.45 Tangible personal property. Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to tangible personal property authorizes the agent to do all of the following:

(1) Demand, buy, receive, accept as a gift or as security for an extension of credit, or otherwise acquire or reject ownership or possession of tangible personal property or an interest in tangible personal property.

(2) Sell; exchange; convey with or without covenants, representations, or warranties; quit claim; release; surrender; create a security interest in; grant options concerning; lease; sublease; or otherwise dispose of tangible personal property or an interest in tangible personal property.

(3) Grant a security interest in tangible personal property or an interest in tangible personal property as security to borrow money or pay, renew, or extend the time of payment of a debt of the principal or a debt guaranteed by the principal.

(4) Release, assign, satisfy, or enforce by litigation or otherwise, a security interest, lien, or other claim on behalf of the principal, with respect to tangible personal property or an interest in tangible personal property.

(5) Manage or conserve tangible personal property or an interest in tangible personal property on behalf of the principal, including by doing any of the following:

(a) Insuring against liability or casualty or other loss.

(b) Obtaining or regaining possession of or protecting the property or interest, by litigation or otherwise.

(c) Paying, assessing, compromising, or contesting taxes or assessments or applying for and receiving refunds in connection with taxes or assessments.

(d) Moving the property from place to place.

(e) Storing the property for hire or under a gratuitous bailment.

(f) Using and making repairs, alterations, or improvements to the property.

(6) Change the form of title of an interest in tangible personal property.

244.46 Stocks and bonds. Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to stocks and bonds authorizes the agent to do all of the following:

(1) Buy, sell, and exchange stocks and bonds.

(2) Establish, continue, modify, or terminate an account with respect to stocks and bonds.

(3) Pledge stocks and bonds as security to borrow, pay, renew, or extend the time of payment of a debt of the principal.

(4) Receive certificates and other evidences of ownership with respect to stocks and bonds.

(5) Exercise voting rights with respect to stocks and bonds in person or by proxy, enter into voting trusts, and consent to limitations on the right to vote.

(6) Exercise in person or by proxy, or enforce by litigation or otherwise, a right, power, privilege, or option the principal has or claims to have as the holder of stocks and bonds.

(7) Initiate, participate in, submit to alternative dispute resolution, settle, oppose, or propose or accept a compromise with respect to litigation to which the principal is a party concerning stocks and bonds.

244.47 Commodities and options. Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to commodities and options authorizes the agent to do all of the following:

(1) Buy, sell, exchange, assign, settle, and exercise commodity futures contracts and call or put options on stocks or stock indexes traded on a regulated option exchange.

(2) Establish, continue, modify, and terminate option accounts.

244.48 Banks and other financial institutions. Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to banks and other financial institutions authorizes the agent to do all of the following:

(1) Continue, modify, and terminate an account or other banking arrangement made by or on behalf of the principal.

(2) Establish, modify, and terminate an account or other banking arrangement with a bank, trust company, savings and loan association, credit union, thrift company, brokerage firm, or other financial institution selected by the agent.

(3) Contract for services available from a financial institution, including renting a safe deposit box or space in a vault.

(4) Withdraw, by check, order, electronic funds transfer, or otherwise, money or property of the principal deposited with or left in the custody of a financial institution.

(5) Receive statements of account, vouchers, notices, and similar documents from a financial institution and act with respect to them.

(6) Enter a safe deposit box or vault and withdraw or add to the contents.

(7) Borrow money and pledge as security personal property of the principal necessary to borrow money or pay, renew, or extend the time of payment of a debt of the principal or a debt guaranteed by the principal.

(8) Make, assign, draw, endorse, discount, guarantee, and negotiate promissory notes, checks, drafts, and other negotiable or nonnegotiable paper of the principal or payable to the principal or the principal's order; transfer money, receive the cash or other proceeds of those transactions; and accept a draft drawn by a person upon the principal and pay it when due.

(9) Receive for the principal and act upon a sight draft, warehouse receipt, or other document of title whether tangible or electronic, or other negotiable or nonnegotiable instrument.

(10) Apply for, receive, and use letters of credit, credit and debit cards, electronic transaction authorizations, and traveler's checks from a financial institution and give an indemnity or other agreement in connection with letters of credit.

(11) Consent to an extension of the time of payment with respect to commercial paper or a financial transaction with a financial institution.

244.49 Operation of entity or business. Subject to the terms of a document or an agreement governing an entity or business or an entity or business ownership interest, and unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to operation of an entity or business authorizes the agent to do all of the following:

(1) Operate, buy, sell, enlarge, reduce, or terminate an ownership interest.

(2) Perform a duty or discharge a liability and exercise in person or by proxy a right, power, privilege, or option that the principal has, may have, or claims to have.

(3) Enforce the terms of an ownership agreement.

(4) Initiate, participate in, submit to alternative dispute resolution, settle, oppose, or propose or accept a compromise with respect to litigation to which the principal is a party because of an ownership interest.

(5) Exercise in person or by proxy, or enforce by litigation or otherwise, a right, power, privilege, or option the principal has or claims to have as the holder of stocks and bonds.

(6) Initiate, participate in, submit to alternative dispute resolution, settle, oppose, or propose or accept a compromise with respect to litigation to which the principal is a party concerning stocks and bonds.

(7) With respect to an entity or business owned solely by the principal, do all of the following:

(a) Continue, modify, renegotiate, extend, and terminate a contract made by or on behalf of the principal with respect to the entity or business before execution of the power of attorney.

(b) Determine all of the following:

1. The location of its operation.

2. The nature and extent of its business.

3. The methods of manufacturing, selling, merchandising, financing, accounting, and advertising employed in its operation.

4. The amount and types of insurance carried.

5. The mode of engaging, compensating, and dealing with its employees and accountants, attorneys, or other advisors.

(c) Change the name or form of organization under which the entity or business is operated and enter into an ownership agreement with other persons to take over all or part of the operation of the entity or business.
(d) Demand and receive money due or claimed by the principal or on the principal's behalf in the operation of the entity or business and control and disburse the money in the operation of the entity or business.

(8) Put additional capital into an entity or business in which the principal has an interest.

(9) Join in a plan of reorganization, consolidation,

conversion, interest exchange, domestication, or merger of the entity or business.

(10) Sell or liquidate all or part of an entity or business.

(11) Establish the value of an entity or business under a buy-out agreement to which the principal is a party.

(12) Prepare, sign, file, and deliver reports, compilations of information, returns, or other papers with respect to an entity or business and make related payments.

(13) Pay, compromise, or contest taxes, assessments, fines, or penalties and perform any other act to protect the principal from illegal or unnecessary taxation, assessments, fines, or penalties, with respect to an entity or business, including attempts to recover, in any manner permitted by law, money paid before or after the execution of the power of attorney.

244.50 Insurance and annuities. Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to insurance and annuities authorizes the agent to do all of the following:

(1) Continue, pay the premium or make a contribution on, modify, exchange, rescind, release, or terminate a contract procured by or on behalf of the principal which insures or provides an annuity to either the principal or another person, whether or not the principal is a beneficiary under the contract.

(2) Procure new, different, and additional contracts of insurance and annuities for the principal and the principal's spouse or domestic partner, children, and other dependents, and select the amount, type of insurance or annuity, and mode of payment.

(3) Pay the premium or make a contribution on, modify, exchange, rescind, release, or terminate a contract of insurance or annuity procured by the agent.

(4) Apply for and receive a loan secured by a contract of insurance or annuity.

(5) Surrender and receive the cash surrender value on a contract of insurance or annuity.

(6) Exercise an election.

(7) Exercise investment powers available under a contract of insurance or annuity.

(8) Change the manner of paying premiums on a contract of insurance or annuity.

(9) Change or convert the type of insurance or annuity with respect to which the principal has or claims to have authority described in this section.

(10) Apply for and procure a benefit or assistance under a statute, rule, or regulation to guarantee or pay premiums of a contract of insurance on the life of the principal.

(11) Collect, sell, assign, hypothecate, borrow against, or pledge the interest of the principal in a contract of insurance or annuity.

(12) Select the form and timing of the payment of proceeds from a contract of insurance or annuity.

(13) Pay, from proceeds or otherwise, compromise or contest, and apply for refunds in connection with, a tax or assessment levied by a taxing authority with respect to a contract of insurance or annuity or its proceeds or liability accruing by reason of the tax or assessment.

244.51 Estates, trusts, and other beneficial interests. (1) In this section, "estates, trusts, and other beneficial interests" means a trust, probate estate, guardianship, conservatorship, escrow, or custodianship or a fund from which the principal is, may become, or claims to be, entitled to a share or payment.

(2) Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to estates, trusts, and other beneficial interests authorizes the agent to do all of the following:

(a) Accept, receive, receipt for, sell, assign, pledge, or exchange a share in or payment from an estate, trust, or beneficial interest.

(b) Demand or obtain money or another thing of value to which the principal is, may become, or claims to be, entitled by reason of an estate, trust, or beneficial interest, by litigation or otherwise.

(c) Exercise for the benefit of the principal a presently exercisable general power of appointment held by the principal.

(d) Initiate, participate in, submit to alternative dispute resolution, settle, oppose, or propose or accept a compromise with respect to litigation to ascertain the meaning, validity, or effect of a deed, will, declaration of trust, or other instrument or transaction affecting the interest of the principal.

(e) Initiate, participate in, submit to alternative dispute resolution, settle, oppose, or propose or accept a compromise with respect to litigation to remove, substitute, or surcharge a fiduciary.

(f) Conserve, invest, disburse, or use anything received for an authorized purpose.

(g) Transfer an interest of the principal in real property, stocks and bonds, accounts with financial institutions or securities intermediaries, insurance, annuities, and other property to the trustee of a revocable trust created by the principal as settlor.

(h) Sign a waiver or consent in a probate matter. (i)

Reject, renounce, disclaim, release, or consent to a reduction in or modification of a share in or payment from an estate, trust, or beneficial interest.

244.52 Claims and litigation. Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to claims and litigation authorizes the agent to do all of the following:

(1) Assert and maintain before a court or administrative agency a claim, claim for relief, cause of action, counterclaim, offset, recoupment, or defense, including an action to recover property or other thing of value, recover damages sustained by the principal, eliminate or modify tax liability, or seek an injunction, specific performance, or other relief.

(2) Bring an action to determine adverse claims or intervene or otherwise participate in litigation.

(3) Seek an attachment, garnishment, order of arrest, or other preliminary, provisional, or intermediate relief and use any available procedure to effect or satisfy a judgment, order, or decree.

(4) Make or accept a tender, offer of judgment, or admission of facts, submit a controversy on an agreed statement of facts, consent to examination, and bind the principal in litigation.

(5) Submit to alternative dispute resolution, settle, and propose or accept a compromise.

(6) Waive the issuance and service of process upon the principal, accept service of process, appear for the principal, designate persons upon which process directed to the principal may be served, execute and file or deliver stipulations on the principal's behalf, verify pleadings, seek appellate review, procure and give surety and indemnity bonds, contract and pay for the preparation and printing of records and briefs, receive, execute, and file or deliver a consent, waiver, release, confession of judgment, satisfaction of judgment, notice, agreement, or other instrument in connection with the prosecution, settlement, or defense of a claim or litigation.

(7) Act for the principal with respect to bankruptcy or insolvency, whether voluntary or involuntary, concerning the principal or some other person, or with respect to a reorganization, receivership, or application for the appointment of a receiver or trustee which affects an interest of the principal in property or other thing of value.

(8) Pay a judgment, award, or order against the principal or a settlement made in connection with a claim or litigation.

(9) Receive money or other thing of value paid in settlement of or as proceeds of a claim or litigation.

244.53 Personal and family maintenance. (1) Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to personal and family maintenance authorizes the agent to do all of the following:

(a) Perform the acts necessary to maintain the customary standard of living of the principal, the principal's spouse or the principal's domestic partner, and the following individuals, whether living when the power of attorney is executed or later born:

1. The principal's children.

2. Other individuals legally entitled to be supported by the principal.

3. The individuals whom the principal has customarily supported or indicated the intent to support.

(b) Make periodic payments of child support and other family maintenance required by a court or governmental agency or an agreement to which the principal is a party.

(c) Provide living quarters for the individuals described in par. (a) by doing any of the following:

1. Purchasing, leasing, or entering into a contract.

2. Paying the operating costs, including interest, amortization payments, repairs, improvements, and taxes, for premises owned by the principal or occupied by those individuals.

(d) Provide normal domestic help, usual vacations and travel expenses, and funds for shelter, clothing, food, appropriate education, including postsecondary and vocational education, and other current living costs for the individuals described in par. (a).

(e) Pay expenses for necessary health care and custodial care on behalf of the individuals described in par. (a).

(f) Act as the principal's personal representative under 42 USC 1320d, the Health Insurance Portability and Accountability Act, and applicable regulations, in making decisions related to the past, present, or future payment for the provision of health care consented to by the principal or anyone authorized under the law of this state to consent to health care on behalf of the principal.

(g) Continue any provision made by the principal for motor vehicles or other means of transportation, including registering, licensing, insuring, and replacing the vehicles, for the individuals described in par. (a).

(h) Maintain credit and debit accounts for the convenience of the individuals described in par. (a) and open new accounts.

(i) Continue payments incidental to the membership or affiliation of the principal in a religious institution, club, society, order, or other organization or to continue contributions to those organizations.

(2) Authority with respect to personal and family maintenance is neither dependent upon, nor limited by, authority that an agent may or may not have with respect to gifts under this chapter.

244.54 Benefits from governmental programs or civil or military service. (1) In this section, "benefits from governmental programs or civil or military service" means any benefit, program or assistance provided under a statute, rule, or regulation, including social security, Medicare, and Medicaid.

(2) Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to benefits from governmental programs or civil or military service authorizes the agent to do all of the following:

(a) Execute vouchers in the name of the principal for allowances and reimbursements payable by the United States or a foreign government or by a state or subdivision of a state to the principal, including allowances and reimbursements for transportation of the individuals described in s. 244.53 (1) (a), and for shipment of their household effects.

(b) Take possession and order the removal and shipment of property of the principal from a post, warehouse, depot, dock, or other place of storage or safekeeping, either governmental or private, and execute and deliver a release, voucher, receipt, bill of lading, shipping ticket, certificate, or other instrument for that purpose.

(c) Enroll in, apply for, select, reject, change, amend, or discontinue, on the principal's behalf, a benefit or program.

(d) Prepare, file, and maintain a claim of the principal for a benefit or assistance, financial or otherwise, to which the principal may be entitled under a statute, rule, or regulation.

(e) Initiate, participate in, submit to alternative dispute resolution, settle, oppose, or propose or accept a compromise with respect to litigation concerning any benefit or assistance the principal may be entitled to receive under a statute, rule, or regulation.

(f) Receive the financial proceeds of a claim described in par. (d) and conserve, invest, disburse, or use for a lawful purpose anything so received.

244.55 Retirement plans. (1) In this section, "retirement plan" means a plan or account created by an employer, the principal, or another individual to provide retirement benefits or deferred compensation of which the principal is a participant, beneficiary, or owner, including the following plans or accounts:

(a) An individual retirement account under section 408 of the Internal Revenue Code.

(b) A Roth individual retirement account under section 408A of the Internal Revenue Code.

(c) A deemed individual retirement account under section 408 (q) of the Internal Revenue Code.

(d) An annuity or mutual fund custodial account under section 403 (b) of the Internal Revenue Code.

(e) A pension, profit−sharing, stock bonus, or other retirement plan qualified under section 401 (a) of the Internal Revenue Code.

(f) A plan under section 457 (b) of the Internal Revenue Code.

(g) A nonqualified deferred compensation plan under section 409A of the Internal Revenue Code.

(2) Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to retirement plans authorizes the agent to do all of the following:

(a) Select the form and timing of payments under a retirement plan and withdraw benefits from a plan.

(b) Make a rollover, including a direct trustee-to-trustee rollover, of benefits from one retirement plan to another.

(c) Establish a retirement plan in the principal's name.

(d) Make contributions to a retirement plan.

(e) Exercise investment powers available under a retirement plan.

(f) Borrow from, sell assets to, or purchase assets from a retirement plan.

244.56 Taxes. Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to taxes authorizes the agent to do all of the following:

(1) Prepare, sign, and file federal, state, local, and foreign income, gift, payroll, property, Federal Insurance Contributions Act, and other tax returns, claims for refunds, requests for extension of time, petitions regarding tax matters, and any other tax-related documents, including receipts, offers, waivers, consents, including consents and agreements under 2032A of the Internal Revenue Code, closing agreements, and any power of attorney required by the Internal Revenue Service or other taxing authority with respect to a tax year upon which the statute of limitations has not run and the following 25 tax years.

(2) Pay taxes due, collect refunds, post bonds, receive confidential information, and contest deficiencies determined by the Internal Revenue Service or other taxing authority.

(3) Exercise any election available to the principal under federal, state, local, or foreign tax law.

(4) Act for the principal in all tax matters for all periods before the Internal Revenue Service, or other taxing authority.

CHAPTER 16
FORM 10: POWER OF ATTORNEY DELEGATING PARENTAL POWER

FORM LETS PARENT GIVE POWER TO SOMEONE OVER CHILD UNDER AGE 18

This helpful form lets a parent with a child under age 18 name someone to have power to make some decisions about a child. This form is a statutory form found in law at Wis. Stat. § 48.979 with some minor changes made for readability, and many counties provide versions on this form on their local websites. Note, if a parent feels they may soon die or fall badly ill they can do a different "Standby Guardian" form.

FORM CAN GIVE BROAD POWER OVER A CHILD UNDER 18

This Power Of Attorney Delegating Parental Power form lets a parent name someone as Agent to make decisions about a child under 18. Using this form does not deprive any parent of existing powers over a child, and if an Agent and a parent disagree on anything most doctors and schools will delay or follow the parent's orders so really a parent still has most power. Any parent with legal custody can cancel the form at any time in a writing to the Agent, like: "The power of attorney over child _____ is now canceled. Signed:_____". Basically this form can help if someone is caring for a child while child and parent are apart for work, school, drug treatment, sports, prison or jail, military, illness, immigration, long visit with family or friends, or if a child is in hospital and quick decisions may be needed. Sometime this form is used if someone periodically watches a child, like every other weekend or maybe just any night a parent has to work. But the form is usually not done for minor events like babysitting, daycare, short visits, or when a parent can come quickly. The form can be set to last until a named date or people can pick the maximum time allowed of 1 year. Power can go to a relative for over a year but this is uncommon. Giving power to non-relatives for more than 1 year may be helpful but requires court approval. See Wis. Stat. § 48.979.

USUALLY PEOPLE PICK TO GIVE BROAD POWER TO THE AGENT

In the form either full power can be given to the Agent or it can be limited, but most people trust an Agent and give full power. Full power will include power to control health care, school, home, discipline, food, work, travel, and more. The form is written a bit confusing and many people to be clear check the boxes for all powers except they skip boxes for: "The power to consent to only the following health care".
By law no power is given about change of custody, abortion, adoption of anyone, or any similar big issue.

FORM MUST BE SIGNED BY PARENT WITH A NOTARY

The form must be signed by a parent with legal custody. Having a person who is a notary also witness the form is optional but many doctors and schools want a notary used. Technically all parents with legal custody should sign the form but some doctors and schools don't check this and will just follow the form. Once signed some extra cautious people quickly show it to schools and doctors in advance to explain how they should later follow it. Most parents then give the form to the named Agent to use the form if needed. To cancel the form a written notice should be given to the Agent and then usually all places shown the form are told it is canceled. Before using the form the Agent should sign the "Statement Of Agent" part to show they understand how the form works. The form has an "Appendix" where a parent can write extra ways they can be contacted if needed, and many parents fill this out just in case this later helps find them.

POWER OF ATTORNEY DELEGATING PARENTAL POWER

As authorized by s. 48.979, Wis. Stats.

NAME(S) OF CHILD(REN)

This power of attorney is for the purpose of providing for the care and custody of:

NAME:_____ DATE OF BIRTH:_____

ADDRESS:_____

NAME:_____ DATE OF BIRTH:_____

ADDRESS:_____

NAME:_____ DATE OF BIRTH:_____

ADDRESS:_____

NAME:_____ DATE OF BIRTH:_____

ADDRESS:_____

DELEGATION OF POWER TO AGENT

I, _____
PARENT NAME PARENT ADDRESS

state that I have legal custody of the child(ren) named above. *(Only a parent who has legal custody may use this form.) A parent may not use this form to delegate parental powers regarding a child who is subject to the jurisdiction of the juvenile court under* s. 48.13, 48.14, 938.12, 938.13, or 938.14, Wis. Stats.

I delegate my parental power to:

Name of agent:_____

Agent's address:_____

Agent's telephone number(s):_____

Agent's e-mail address or additional contacts:_____

Relationship of agent to child(ren):_____

The parental power I am delegating is as follows:

FULL

(Check if you want to delegate full parental power regarding the care and custody of the child(ren) named above.)

☐ **Full parental power regarding the care and custody of the child(ren) named above.**

PARTIAL

(Check each subject over which you want to delegate your parental power regarding the child(ren) named above.)

☐ The power to consent to all health care; or

☐ The power to consent to **only** the following health care:

- ☐ Ordinary or routine health care, excluding major surgical procedures, extraordinary procedures, and experimental treatment
- ☐ Emergency blood transfusion
- ☐ Dental care
- ☐ Disclosure of health information about the child(ren)

OTHER DECISIONS DELEGATED AS FOLLOWS:

☐ The power to consent to educational and vocational services

☐ The power to consent to the employment of the child(ren)

☐ The power to consent to the disclosure of confidential information, other than health information, about the child(ren)

☐ The power to provide for the care and custody of the child(ren)

☐ The power to consent to the child(ren) obtaining a motor vehicle operator's license

☐ The power to travel with the child(ren) outside the state of Wisconsin

☐ The power to obtain substitute care, such as child care, for the child(ren)

☐ Other specifically delegated powers or limits on delegated powers *(Fill in the following space or attach a separate sheet describing any other specific powers that you wish to delegate or any limits that you wish to place on the powers you are delegating.)* _____

_____

_____

_____

☐ SEE ATTACHED PAGES

This delegation of parental powers does not deprive a custodial or noncustodial parent of any of his or her powers regarding the care and custody of the child, whether granted by court order or force of law.

THIS DOCUMENT MAY NOT BE USED TO DELEGATE THE POWER TO CONSENT TO THE FOLLOWING:

- THE MARRIAGE OR ADOPTION OF THE CHILD(REN),
- THE PERFORMANCE OR INDUCEMENT OF AN ABORTION ON OR FOR THE CHILD(REN),
- THE TERMINATION OF PARENTAL RIGHTS TO THE CHILD(REN),
- THE ENLISTMENT OF THE CHILD(REN) IN THE U.S. ARMED FORCES, OR
- TO PLACE THE CHILD(REN) IN A FOSTER HOME, GROUP HOME, SHELTER CARE FACILITY, OR INPATIENT TREATMENT FACILITY.

EFFECTIVE DATE AND TERM OF THIS DELEGATION

This Power of Attorney takes effect on (date) _____ and will remain in effect until (date) _____.

If no termination date is given, this Power of Attorney will remain in effect for a period of one year after the effective date, but no longer.

REVOCATION OF POWER OF ATTORNEY

This Power of Attorney may be revoked in writing at any time by a parent who has legal custody of the child(ren) and such a revocation invalidates the delegation of parental powers made by this Power of Attorney, except with respect to acts already taken in reliance on this Power of Attorney.

SIGNATURE(S) OF PARENT(S)

_____
SIGNATURE OF PARENT DATE

_____
PARENT'S NAME PRINTED

_____
PARENT'S ADDRESS

_____
PARENT'S TELEPHONE NUMBER PARENT'S E-MAIL ADDRESS

_____
SIGNATURE OF PARENT DATE

_____
PARENT'S NAME PRINTED

_____
PARENT'S ADDRESS

_____
PARENT'S TELEPHONE NUMBER PARENT'S E-MAIL ADDRESS

WITNESSING OF SIGNATURE(S) (OPTIONAL)

State of _____; County of _____

This document was signed before me on (date) _____ by

(name(s) of parent(s)) _____.

_____

Signature of notary

My commission expires: _____

STATEMENT OF AGENT

I, _____ , understand that _____

(name and address of agent) (name(s) of parent(s))

has (have) delegated to me the powers specified in this Power of Attorney regarding the care and custody of

_____

(name(s) of child(ren)).

I further understand that this Power of Attorney may be revoked in writing at any time by a parent who has legal custody of the children just named.

I hereby declare that I have read this Power of Attorney, understand the powers delegated to me by this Power of Attorney, am fit, willing, and able to undertake those powers, and accept those powers.

_____ _____

AGENT'S SIGNATURE DATE

APPENDIX

Here the parent(s) may indicate where they may be located during the term of the Power of Attorney if different from the address(es) set forth above.)

☐ I can be located at:

Address(es) _____

Telephone number(s) _____ E-mail address(es) _____

☐ Or, by contacting:

Name _____

Address(es) _____

Telephone number(s) _____ E-mail address(es) _____

☐ Or, I cannot be located

CHAPTER 17
FORM 11: AUTHORIZATION FOR FINAL DISPOSITION

FORM LETS A PERSON BE NAMED TO CONTROL BODILY REMAINS

This form lets a person later control their dead body (their "remains") by naming someone to control this and give instructions. This form is from the Wisconsin Department Of Health Services (dhs.wisconsin.gov) and it is largely based on a statutory form found at Wis. Stat. § 154.30(8). Note, all the pages of the form should be kept together including pages just with explanatory information. People can fill out this form by hand or they can find a form at dhs.wisconsin.gov that can be filled in online.

CAN NAME PERSON TO CONTROL BODILY REMAINS

This form lets a person authorize someone to later control burial, cremation, and any related issues. In the form the person giving power is called the "Declarant" since they are declaring something, and the person getting power is called the "Representative". There are spots to name additional people to serve if a person named doesn't serve for some reason, but this is rarely needed and most people skip this. If this form is not done by law control is by closest family (in order a spouse, children, parents, then siblings). People do this form rarely, usually if it seems family may be too upset while mourning, be bad with money, or do unwanted things. Payment for things comes from pre-paid funeral accounts, insurance, and a dead person's or estate's money and property, and Executor and family are legally required to help arrange payment with these. In general by law people including family should help do the funeral, burial, and related things the dead person wanted if their properly, money, and estate can afford it. The form has area to tell people things but many people skip this and trust people to do what was discussed with them.

SEVERAL OPTIONS ABOUT WHAT TO DO WITH BODILY REMAINS

What to do with bodily remains when someone dies can be complicated. Basically, after a death police are told and then a funeral home or crematorium come get the body. Roughly half of people pick burial and half cremation. If picking cremation later "cremains" go to family or a "columbarium" vault in a cemetery.

Half of people do not do early events in first month when shocked family may be unready for visitors. Importantly, if "Direct Burial" or "Direct Cremation" is requested costs may be 80% off the usual prices but this skips events with body till burial or cremation in done with no family involvement. Weeks later people may do ash scattering, ceremony, or dinner at park, house, church, or hall, often with food, speech, or video.

Half of people do early events within month, and there are many options for a person to pick from. First, some people do within days a "Vigil", "Viewing", or "Wake", where family and friends talk or just pray maybe in room with body (closed or open casket) or cremated ashes, often at a Funeral Home or church. Second, some people do big ceremony within week of either a) funeral (maybe with Mass) in church with priest or minister, or b) informal event like "Celebration of Life" or "Remembrance" with or without the body. Third, some people do final event at a cemetery (religious or not), like a burial or putting ashes in a vault.

SIGN FORM WITH 2 WITNESSES OR A NOTARY

To complete the form a person signs it in front of a notary who then notarizes it, or in front of 2 people acting as witnesses who then sign. The witness can't be named Representative in the form or related to the person doing the form. The form should be kept so it can be found quickly within 1 or 2 days of a death.

AUTHORIZATION FOR FINAL DISPOSITION INSTRUCTIONS

Purpose of the Authorization for Final Disposition:

When properly completed and signed in the presence of two competent adult witnesses or a notary public, this voluntary document allows a competent adult (the declarant) to designate another competent adult (the representative or an alternative representative) to make funeral arrangements on behalf of the declarant.

This document allows the declarant to give his or her chosen representative information about the declarant's preferences for final disposition and funeral service.

Please read and understand the following information and the form before completing the form.

Definitions from Wisconsin State Statutes Chapter 154, Section 154.30 (8) (f):

- "Authorization for final disposition" means a document that satisfies the conditions under sub. (8) (d) or (dm), and that is voluntarily executed by a declarant under sub. (8), but is not limited in form or substance to that provided in sub. (8).
- "Cemetery authority" has the meaning given in s. 157.061 (2).
- "Credential" has the meaning given in s. 440.01 (2) (a).
- "Crematory authority" has the meaning given in s. 440.70 (9).
- "Declarant" means an individual who executes an authorization for final disposition.
- "Estranged" means being physically and emotionally alienated for a period of time, at the time of the decedent's death, and clearly demonstrating an absence of due affection, trust, and regard.
- "Final disposition" means disposition of a decedent's remains, including any of the following:
    1. Arrangements for a viewing.
    2. A funeral ceremony, memorial service, graveside service, or other last rite.
    3. A burial, cremation and burial, or other disposition, or donation of the decedent's body.

- "Funeral director" has the meaning given in s. 445.01 (5).
- "Health care provider" means any individual who has a credential to provide health care.
- "Representative" means an individual specifically designated in an authorization for final disposition or, if that individual is unable or unwilling to carry out the declarant's decisions and preferences, a successor representative designated in the authorization for final disposition to do so.

    154.30 (8) (e) If any of the following has a direct professional relationship with or provides professional services directly to the declarant and is not related to the declarant by blood, marriage, or adoption, that person may not serve as a representative under the requirements of this subsection:

    1. A funeral director.
    2. A crematory authority.
    3. A cemetery authority.
    4. An employee of a funeral director, crematory authority, or cemetery authority.
    5. A health care provider.
    6. A social worker.

Important Information

Declarant:

1. Properly completing this document (with all required signatures) automatically revokes any prior authorization for final disposition that the declarant may have signed.
2. The declarant may revoke this authorization for final disposition at any time by executing a new authorization form; by signing and dating a statement declaring this document to be cancelled, revoked or void; by destroying or defacing this form; or by writing on this form, "I hereby revoke this declaration of final disposition," and signing and dating that statement.
3. If the declarant is physically unable to sign an authorization for final disposition, the authorization shall be signed in the declarant's name by an individual at the declarant's express direction and in his or her presence; such a proxy signing shall take place or be acknowledged by the declarant in the presence of 2 witnesses or a notary public.

Representative:

1. An individual who is authorized by this document to control the declarant's final disposition may accept the control, may decline to exercise the control, or may, after accepting the control, resign it.
2. If there is a dispute about the declarant's disposition, the probate court for the county in which the decedent last resided has exclusive jurisdiction over the case.
3. The representative signing this document is expected to carry out the directions, instructions, and suggestions for disposition specified in this document unless the directions, instructions, and suggestions exceed available resources from the decedent's estate or are unlawful or unless there is no realistic possibility of compliance.

I, _____
(Print Name)

Residing at _____,
(Print Mailing Address)

being of sound mind, willfully and voluntarily make known by this document my desire that, upon my death, the final disposition of my remains be under the control of my representative under the requirements of section 154.30, Wisconsin statutes, and, with respect to that final disposition only, I hereby appoint the representative and any successor representative named in this document. All decisions made by my representative or any successor representative with respect to the final disposition of my remains are binding.

Name of Representative _____

Address _____

Telephone number (include area code) _____

If my representative dies, becomes incapacitated, resigns, refuses to act, ceases to be qualified, or cannot be located within the time necessary to control the final disposition of my remains, I hereby appoint the following individuals, each to act alone and successively, in the order specified, to serve as my successor representative:

1. Name of first successor representative _____

Address _____

Telephone number (include area code) _____

2. Name of second successor representative _____

Address _____

Telephone number (include area code) _____

SUGGESTED SPECIAL DIRECTIONS

1. Arrangements for a viewing.
2. Funeral ceremony, memorial service, graveside service, or other last rite.
3. Burial, cremation and burial or other disposition, or donation of the declarant's body after death.

SUGGESTED INSTRUCTIONS CONCERNING RELIGIOUS OBSERVANCES

SUGGESTED SOURCE OF FUNDS FOR IMPLEMENTING FINAL DISPOSITION DIRECTIONS AND INSTRUCTIONS

This authorization becomes effective upon my death. I hereby revoke any prior authorization for final disposition that I may have signed before the date that this document is signed.

I hereby agree that any funeral director, crematory authority, or cemetery authority that receives a copy of this document may act under it. Any modification or revocation of this document is not effective as to a funeral director, crematory authority, or cemetery authority until the funeral director, crematory authority, or cemetery authority receives actual notice of the modification or revocation. No funeral director, crematory authority, or cemetery authority may be liable because of reliance on a copy of this document.

The representative and any successor representative, by accepting appointment under this document, assume the powers and duties specified for a representative under section 154.30, Wisconsin statutes.

Signed this _____ day of _____
(Day) (Month and Year)

Signature of declarant _____

I hereby accept appointment as representative for the control of final disposition of the declarant's remains.

Signed this _____ day of _____
(Day) (Month and Year)

Signature of representative _____

I hereby accept appointment as successor representative for the control of final disposition of the declarant's remains.

Signed this _____ day of _____
(Day) (Month and Year)

Signature of first successor representative _____

Signed this _____ day of _____
(Day) (Month and Year)

Signature of second successor representative _____

I attest that the declarant signed or acknowledged this authorization for final disposition in my presence and that the declarant appears to be of sound mind and not subject to duress, fraud, or undue influence. I further attest that I am not the representative or the successor representative appointed under this document that I am aged at least 18, and that I am not related to the declarant by blood, marriage, or adoption.

1st Witness (print name) _____

Signature _____

Address _____

Date (Month, Day, Year) _____

2nd Witness (print name) _____

Signature _____

Address _____

Date (Month, Day, Year) _____

In lieu of two witnesses signing this form, the declarant may sign it in the presence of a notary public.

State of Wisconsin, County of _____

On (date) _____, before me personally appeared

(name of declarant) _____ known to me or satisfactorily proven to be the individual whose name is specified in this document as the declarant and who has acknowledged that he or she executed the document for the purposes expressed in it. I attest that the declarant appears to be of sound mind and not subject to duress, fraud, or undue influence.

Notary Public Name: _____ Signature _____

My commission expires (date) _____ (Seal)

APPENDIX: SAMPLE FILLED OUT FORMS

TO GET FORMS TO USE PEOPLE CAN:

(1) PHOTOCOPY BOOK PAGES,

(2) TEAR OUT PAGES FROM A BOOK, OR

(3) DOWNLOAD BOOK WITH FORMS FROM WWW.DAVENPORTPUBLISHING.COM AND USUALLY PDF FORM AT IS BEST TO AVOID SPACING/FORMAT CHANGES, AND THEN PEOPLE JUST HANDWRITE ON THE PRINTED OUT DOCUMENT.

EMAIL ANY COMMENTS TO DAVENPORTPRESS@GMAIL.COM.

On the next pages to show how it can be done are some sample filled out legal forms.

People can add words to legal forms by computer or typewriter to be neater, but many people just by hand use pen, marker, or pencil to handwrite words into forms.

It is not required but is bit better if signatures are in ink or marker not pencil.

Many parts of the forms especially Will gifts can be left empty and unfilled.

Anyone can fill in words in legal form not just the person doing the form, like a friend with neat writing can fill in all the words, addresses, and dates that are needed. Only the final signatures must be done by each person who wants the form.

To add words in form by pen, pencil, typewriter, or computer any of these is fine:

"I appoint __John Doe__ as Agent" ,
"I appoint __John Doe__ as Agent",
"I appoint John Doe as Agent".

When doing forms it may help to know "respectively" means "in order just stated".

People need not worry about neatness or small mistakes, and a document is usually fine if those people who knew a decedent in life can tell the likely meaning.

Sample Filled Out Form: Last Will and Testament (Standard)
with Gifts section skipped to not bother with this

LAST WILL AND TESTAMENT

I, Paul Thomas Maxwell , of Waukesha County, Wisconsin, do revoke all prior Wills, Testaments, and Codicils, and do make, publish, and declare this as my Will. I am of sound mind and under no duress or undue influence and acting voluntarily.

1. GIFTS. I give these gifts in this Will, but to get a gift in this section the recipient must survive me except as otherwise stated below.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

I give _____ to _____.

SKIPPED

2. SEPARATE WRITINGS. All separate writings of mine that gift tangible personal property should be followed as allowed by state law including Wis. Stat. § 853.32. This Will does not revoke any such writings that exist. A gift in such a writing to a person who does not survive me is canceled and has no effect.

3. RESIDUE. I give the rest and residue and remainder of my estate, my money and property of any kind and nature, and anything I have an interest in so long as it was not transferred by other Will provisions (all of which is called the "residue"), as follows:

a) to Susan Lee Maxwell my wife who survive me with persons just named who survive me taking the share of non-survivors, then

b) to Oscar David Maxwell and Jennifer Judy Tabor and if any of those just named do not survive me their part goes to their lineal descendants, per stirpes.

4. ADMINISTRATION. I name and appoint Susan Lee Maxwell as Personal Representative including for me, my Will, and my estate.

5. MISCELLANEOUS. The following applies to this Will and generally.

Wisconsin is my primary residence and its laws should apply to this Will.

Priority of Will gifts of the same type is based on the order they are written.

In this document no unfilled part is a mistake and residue spaces may be left blank.

The words "give" and "gift" also means a devise, bequest, grant, legacy, or similar.

A gift of property no longer owned by Testator at death shall lapse and be of no effect including no payment of money shall be done in its place, all without ademption.

If a gift or section in this Will reasonably mentions survival in any way then survival is an absolute condition and anti-lapse laws or similar have no effect.

Unless a Will gift specifies otherwise if a Will gift goes to multiple recipients if any do not survive Testator their part to them lapses and instead goes to other surviving recipients.

Any failure to make more or any Will gifts to current children or current spouse at the time I do this Will is intentional and not a mistake to remedy.

No gift or transfer I made during my life to a person reduces or offsets a Will gift unless during my life I expressly usually called it a "loan" or "advancement".

Unless another meaning is shown by context use of plural includes the singular and vice versa, and also masculine, feminine, and neuter words are used interchangeably. Unless another meaning is shown "they" means both one person and multiple persons.

Unless a Will specifically says otherwise a) a secured debt including a mortgage or lien shall not be paid off including by the Personal Representative or during probate, b) the recipient of a Will gift of property takes it subject to any debts, and c) no such recipient who later loses the property to a debtor or who pays a debtor to avoid foreclosure or other loss may require the estate, heirs, devisees, or others to pay recipient back or do anything.

I request and authorize any informal, summary, and quick probate or similar action. Any Personal Representative may act independently with no supervision of any court, including independent administration, and without doing any action or filings in court.

I give any Personal Representative a) the fullest authority, powers, and discretion allowed by state law, b) authority to lease, sell, mortgage, convey, or retain property including real property in any such manner and time they deem helpful or proper, and c) authority to settle or pay claims or debts at any time they in their sole discretion choose. Any Personal Representative shall also have all powers found in Wisconsin state law existing on the date of this Will and any other powers hereafter conferred by law.

A Personal Representative shall have sole discretion how to balance people's feelings and pick property or divide a gift to carry out a general gift or a gift to multiple persons.

If context permits the terms Personal Representative, Executor, and Administrator are interchangeable as if all were written, and Guardian of the Estate is interchangeable with Conservator. The terms Residue and Residuary are also interchangeable.

I request any lawyers be paid hourly or a fixed sum and not by any percentage.

The residue includes lapsed or failed gifts, insurance paid to the estate, any inheritances owed, and property I have or had a power of appointment or testamentary disposition over.

Any Personal Representative, Executor, Administrator, Guardian of any type, Conservator, Custodian, and any fiduciary under this Will or otherwise shall qualify and serve without bond, security, surety, or any similar thing.

If part of this Will is by law invalid or unenforceable other provisions remain in effect.

Any Personal Representative in their sole discretion may at any time transfer money or property of a minor under age 18 to a Custodian under the Wisconsin Uniform Transfers to Minors Act or any similar law anywhere. The Custodian holding money and property can make discretionary payments of any kind and to any recipient to benefit the minor, and later pay any remainder to a minor at age 18. When doing this no bond, court action, or anything is required. Any Personal Representative may select the Custodian including themselves but if they do not I name for this the Guardian of the Estate named in this Will.

TESTATOR

I, as Testator of this Will, do now declare, publish, and sign this instrument as my Will this 22nd day of June, 20 22.

Paul Thomas Maxwell
Testator signature

WITNESSES

This document was willingly and voluntarily signed by the Testator as the Will of Testator in the presence of both of us persons who sign below as witnesses, to the best of our knowledge the Testator is at least 18 years of age and of sound mind and disposing memory, to the best of our knowledge the Testator is under no constraint or undue influence, and both of us witnesses did sign this document in the presence of the other witness and presence of Testator within a reasonable time of when Testator signed it.

Eve Mable Rogers
Witness

14 2nd St., Milwaukee, WI, 53103
Witness Address

Mary Ann Moon
Witness

83 Buffalo Road, Duluth, MN 55290
Witness Address

Sample Filled Out Form: Last Will and Testament (Standard)
with Residue Clause using percentages and Guardian part used

LAST WILL AND TESTAMENT

I, Mary Kathleen Kent, of Madison, Wisconsin, do revoke all prior Wills, Testaments, and Codicils, and do make, publish, and declare this as my Will. I am of sound mind and under no duress or undue influence and acting voluntarily.

1. GIFTS. I give these gifts in this Will, but to get a gift in this section the recipient must survive me except as otherwise stated below.

I give big oak table to Anne J. Wix.

I give $500 to Loretta Marsha Switt .

I give 63 Victory Road, Green Bay, Wisconsin to Kenneth Victor Poppler.

I give all real property I own in Outagamie County, Wisconsin to Greta Olivia Fox .

I give 903 Iceberg Road, Anchorage, Alaska to James Eric Hanson .

I give Bronze Roman Lamp to Anne Kilby and Kevin Kilby.

I give blue blanket to Ruth Jones.

I give all blankets not given above to Kay Pidoski.

I give Wells Fargo acct ending in #8923 to Wendy Deer a childhood friend .

I give 1998 Ford truck to John Rupert Smith .

I give $200 to Binker Food Shelf on Smith Road in Hudson, Wisconsin .

I give all spare tires and auto parts I own to Victor Perez my mechanic .

I give $100 each to each of my cousins .

2. SEPARATE WRITINGS. All separate writings of mine that gift tangible personal property should be followed as allowed by state law including Wis. Stat. § 853.32. This Will does not revoke any such writings that exist. A gift in such a writing to a person who does not survive me is canceled and has no effect.

3. RESIDUE. I give the rest and residue and remainder of my estate, my property of any kind and nature, and anything I have an interest in (all of which is called the "residue"), so long as any such thing was not transferred by other Will provisions, as follows:

a) to John Abraham Kent my husband who survive me with persons just named who survive me taking the share of non-survivors, then

b) to 45% to Oscar Elliot Kent my son and 45% to Karen Lisa Lundy my daughter and 10% to Ana Juanita Sanchez my niece and if any of those just named do not survive me their part goes to their lineal descendants, per stirpes.

4. ADMINISTRATION. I name and appoint John Abraham Kent as Personal Representative including for me, my Will, and my estate.

5. GUARDIAN. I name to serve when proper Karen Lisa Fox my sister as Guardian of the Person for any minor child, and also as Guardian of the Estate for any minor child's property, money, and estate

6. MISCELLANEOUS. The following applies to this Will and generally.

Wisconsin is my primary residence and its laws should apply to this Will.

Priority of Will gifts of the same type is based on the order they are written.

In this document no unfilled part is a mistake and residue spaces may be left blank.

The words "give" and "gift" also means a devise, bequest, grant, legacy, or similar.

A gift of property no longer owned by Testator at death shall lapse and be of no effect including no payment of money shall be done in its place, all without ademption.

If a gift or section in this Will reasonably mentions survival in any way then survival is an absolute condition and anti-lapse laws or similar have no effect.

Any failure to make more or any Will gifts to current children or current spouse at the time I do this Will is intentional and not a mistake to remedy.

No gift or transfer I made during my life to a person reduces or offsets a Will gift unless during my life I expressly usually called it a "loan" or "advancement".

Unless a Will specifically says otherwise a) a secured debt including a mortgage or lien shall not be paid off including by the Personal Representative or during probate, b) the recipient of a Will gift of property takes it subject to any debts, and c) no such recipient who later loses the property to a debtor or who pays a debtor to avoid foreclosure or other loss may require the estate, heirs, devisees, or others to pay recipient back or do anything.

I request and authorize any informal, summary, and quick probate or similar action. Any Personal Representative may act independently with no supervision of any court, including independent administration, and without doing any action or filings in court.

I give any Personal Representative a) the fullest authority, powers, and discretion allowed by state law, b) authority to lease, sell, mortgage, convey, or retain property including real property in any such manner and time they deem helpful or proper, and

c) authority to settle or pay claims or debts at any time they in their sole discretion choose. Any Personal Representative shall also have all powers found in Wisconsin state law existing on the date of this Will and any other powers hereafter conferred by law.

A Personal Representative shall have sole discretion how to balance people's feelings and pick property or divide a gift to carry out a general gift or a gift to multiple persons.

If context permits the terms Personal Representative, Executor, and Administrator are interchangeable as if all were written, and Guardian of the Estate is interchangeable with Conservator. The terms Residue and Residuary are also interchangeable.

The residue includes lapsed or failed gifts, insurance paid to the estate, any inheritances owed, and property I have or had a power of appointment or testamentary disposition over.

Any Personal Representative, Executor, Administrator, Guardian of any type, Conservator, Custodian, and any fiduciary under this Will or otherwise shall qualify and serve without bond, security, surety, or any similar thing.

If part of this Will is by law invalid or unenforceable other provisions remain in effect.

Any Personal Representative in their sole discretion may at any time transfer money or property of a minor under age 18 to a Custodian under the Wisconsin Uniform Transfers to Minors Act or any similar law anywhere. The Custodian holding money and property can make discretionary payments of any kind and to any recipient to benefit the minor, and later pay any remainder to a minor at age 18. When doing this no bond, court action, or anything is required. Any Personal Representative may select the Custodian including themselves but if they do not I name for this the Guardian of the Estate named in this Will.

TESTATOR

I, as Testator of this Will, do now declare, publish, and sign this instrument as my Will this 30th day of December, 20 19.

Mary Kathleen Kent

Testator signature

WITNESSES

This document was willingly and voluntarily signed by the Testator as the Will of Testator in the presence of both of us persons who sign below as witnesses, to the best of our knowledge the Testator is at least 18 years of age and of sound mind and disposing memory, to the best of our knowledge the Testator is under no constraint or undue influence, and both of us witnesses did sign this document in the presence of the other witness and presence of Testator within a reasonable time of when Testator signed it.

Olivia Joy Baxter	87 Glacier Rocks Avenue, Racine, WI 53054
Witness	Witness Address
Roy Felix Baxter	87 Glacier Rocks Avenue, Racine, WI 53054
Witness	Witness Address

Sample Filled Out Form: Last Will and Testament (Standard)
with Gifts section mostly skipped and Will modified to have 1 Part Residue Clause

LAST WILL AND TESTAMENT

I, **David Eric Smith**, of **Milwaukee** County, Wisconsin, do revoke all of my prior Wills, Testaments, and Codicils, and do make, publish, and declare this as my Will. I am of sound mind and under no duress or undue influence and acting voluntarily.

1. GIFTS. I give these gifts in this Will, but to get a gift in this section the recipient must survive me except as otherwise stated below.

I give $500 to each of my brothers, sisters, and cousins .

I give $1000 to First Bethel Food Pantry, Mequon, Wisconsin .

2. SEPARATE WRITINGS. All separate writings of mine that gift tangible personal property should be followed as allowed by state law including Wis. Stat. § 853.32. This Will does not revoke any such writings that exist. A gift in such a writing to a person who does not survive me is canceled and has no effect.

3. RESIDUE. The rest and residue and remainder of my estate, my property of any kind and nature, and anything I have an interest in, I give to **Adam Michael Smith and Ann Sue Baker who survive me** and to lineal descendants per stirpes of a person just named who did not survive me.

4. ADMINISTRATION. I name and appoint **Ann Sue Baker** as Personal Representative including for me, my Will, and my estate.

5. MISCELLANEOUS. The following applies to this Will and generally.

Wisconsin is my primary residence and its laws should apply to this Will.

Priority of Will gifts of the same type is based on the order they are written.

In this document no unfilled part is a mistake and residue spaces may be left blank.

The words "give" and "gift" also means a devise, bequest, grant, legacy, or similar.

A gift of property no longer owned by Testator at death shall lapse and be of no effect including no payment of money shall be done in its place, all without ademption.

If a gift or section in this Will reasonably mentions survival in any way then survival is an absolute condition and anti-lapse laws or similar have no effect.

Unless a Will gift specifies otherwise if a Will gift goes to multiple recipients if any do not survive Testator their part to them lapses and instead goes to other surviving recipients.

Any failure to make more or any Will gifts to current children or current spouse at the time I do this Will is intentional and not a mistake to remedy.

No gift or transfer I made during my life to a person reduces or offsets a Will gift unless during my life I expressly usually called it a "loan" or "advancement".

Unless another meaning is shown by context use of plural includes the singular and vice versa, and also masculine, feminine, and neuter words are used interchangeably. Unless another meaning is shown "they" means both one person and multiple persons.

Unless a Will specifically says otherwise a) a secured debt including a mortgage or lien shall not be paid off including by the Personal Representative or during probate, b) the recipient of a Will gift of property takes it subject to any debts, and c) no such recipient who later loses the property to a debtor or who pays a debtor to avoid foreclosure or other loss may require the estate, heirs, devisees, or others to pay recipient back or do anything.

I request and authorize any informal, summary, and quick probate or similar action. Any Personal Representative may act independently with no supervision of any court, including independent administration, and without doing any action or filings in court.

I give any Personal Representative a) the fullest authority, powers, and discretion allowed by state law, b) authority to lease, sell, mortgage, convey, or retain property including real property in any such manner and time they deem helpful or proper, and c) authority to settle or pay claims or debts at any time they in their sole discretion choose. Any Personal Representative shall also have all powers found in Wisconsin state law existing on the date of this Will and any other powers hereafter conferred by law.

A Personal Representative shall have sole discretion how to balance people's feelings and pick property or divide a gift to carry out a general gift or a gift to multiple persons.

If context permits the terms Personal Representative, Executor, and Administrator are interchangeable as if all were written, and Guardian of the Estate is interchangeable with Conservator. The terms Residue and Residuary are also interchangeable.

I request any lawyers be paid hourly or a fixed sum and not by any percentage.

The residue includes lapsed or failed gifts, insurance paid to the estate, any inheritances owed, and property I have or had a power of appointment or testamentary disposition over.

Any Personal Representative, Executor, Administrator, Guardian of any type, Conservator, Custodian, and any fiduciary under this Will or otherwise shall qualify and serve without bond, security, surety, or any similar thing.

If part of this Will is by law invalid or unenforceable other provisions remain in effect.

Any Personal Representative in their sole discretion may at any time transfer money or property of a minor under age 18 to a Custodian under the Wisconsin Uniform Transfers to Minors Act or any similar law anywhere. The Custodian holding money and property can make discretionary payments of any kind and to any recipient to benefit the minor, and later pay any remainder to a minor at age 18. When doing this no bond, court action, or anything is required. Any Personal Representative may select the Custodian including themselves but if they do not I name for this the Guardian of the Estate named in this Will.

TESTATOR

I, as Testator of this Will, do now declare, publish, and sign this instrument as my Will this **21st** day of **June**, 20**21**.

David Eric Smith

Testator signature

WITNESSES

This document was willingly and voluntarily signed by the Testator as the Will of Testator in the presence of both of us persons who sign below as witnesses, to the best of our knowledge the Testator is at least 18 years of age and of sound mind and disposing memory, to the best of our knowledge the Testator is under no constraint or undue influence, and both of us witnesses did sign this document in the presence of the other witness and presence of Testator within a reasonable time of when Testator signed it.

Harriet Potter — Witness signature

204 Pike Street, Milwaukee, WI 53092 — Witness address

Pamela Bonnie Jones — Witness signature

27 Columbia Road, Wauwatosa, WI 53035 — Witness address

Sample Filled Out Form: Self-Proving Affidavit

SELF–PROVING AFFIDAVIT

Wisconsin Statutes, Section 853.04

State of Wisconsin

County of Milwaukee

We, David Eric Smith, Harriet Potter, and Pamela Bonnie Jones, the Testator and the witnesses whose names are signed to the foregoing instrument, being first duly sworn, do declare to the undersigned authority all of the following:

1. The Testator executed the instrument as his or her will.
2. The Testator signed willingly, or willingly directed another to sign for him or her.
3. The Testator executed the will as a free and voluntary act.
4. Each of the witnesses, in the conscious presence of the Testator, signed the will as witness.
5. To the best of the knowledge of each witness, the Testator was, at the time of execution, 18 years of age or older, of sound mind and under no constraint or undue influence.

Testator: David Eric Smith

Witness: Harriet Potter

Witness: Pamela Bonnie Jones

Subscribed and sworn to before me by David Eric Smith, _, the Testator, and by Harriet Potter, and Pamela Bonnie Jones, witnesses, this 21st day of June, 2021.

(Seal)

(Signed): William P. Jefferson

(Official capacity of officer): _____

Sample Filled Out Form: Tangible Personal Property List

TANGIBLE PERSONAL PROPERTY LIST

This writing gives tangible personal property at my death as allowed by state law including Wisconsin Statutes § 853.32. I may do many pages like this which all should be followed with the more recently done page controlling any conflicts. If a person getting a gift below does not survive me that gift to them is canceled.

PROPERTY ITEMS		NAMES OF RECIPIENTS
1998 Ford Truck	to	Samantha Bell
1.3 carat diamond ring + Irish rings	to	Ann Sue Reed
14 ft power boat + kayak + paddles	to	L. Wheeler
Amish style bench	to	Reba Stewart
glass table, telescope, umbrellas	to	Rebecca Stewart
Irish wood cups, oak bowl, red vase	to	Mary and Cindy Lott
painting of sailboat in storm	to	Mary Lott
chainsaw marked with 382937	to	Mary Lott
chainsaw marked with 89930	to	Matt Smith
antique lanterns + repair kits	to	Sue Wu waitress at cafe
oak lamp with big scratch	to	Mary Kay Poppler
sewing machines	to	Mary Kay Poppler
rocking chair bought in Montana	to	Don Winkler boat mechanic
all fishing poles and fishing nets	to	Joe "Fish" Hoss, fishing pal
hats at cabin	to	Ken Baker
	to	
	to	
	to	
	to	

DATE: 2-12-2023 **SIGNED:** David Eric Smith